SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

P95000022268 (3)

DOCUMENT # WILLIAM S. REAMES, INC.

Mailing Address Principal Place of Business 407 41ST BLVD.. EAST 407 41ST BLVD.. EAST PALMETTO FL 34221 PALMETTO FL 34221 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Ζφ Country Zip Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REAMES, WILLIAM S 1006 - 134TH STREET EAST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34202** 63 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, types or plustopinable of registered agent and tite if applicable (NF) IF. Registered Agent signature required when reinstating). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12. DELETE 11 TIME TITLE D CR2E034 1.2 NAME REAMES, WILLIAM S NAME 1006 134TH STREET EAST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** 1.4 CHY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE laudia R. Reames 2.2 NAME NAME 1006 134th St E 2.3 STREET ADDRESS STREET ADDRESS BRAdenton, FL 34202 2 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3 4. CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - S1 - Z/P Change Addition DELETE 6.1 HILE THLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or own attachment with an address CITY - ST - ZIP

SIGNING OFFICER OR DIRECTOR