

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000797 (6)

1. Corporation Name
JUDITH A REED, INC.

Principal Place of Business
2302 BEACH TRAIL, NO. 2, NORTH
INDIAN ROCKS BEACH FL 34635

Mailing Address
2302 BEACH TRAIL, NO. 2, NORTH
INDIAN ROCKS BEACH FL 33785-3047

3. Date Incorporated or Qualified 01/01/1996
3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Judith A. Reed, Inc.
26 Suite, Apt. #, etc.
27 P.O. Box 833
28 City & State
29 Indian Rocks Beach, FL
30 Zip
31 Pinellas

4. FEI Number 65-0533134
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDBRONN, DOREEN M
2240 BELOLEAIR ROAD
SUITE NO. 140
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name James W. O'Neill
82 Street Address (P.O. Box Number is Not Acceptable)
2120 52nd Street South
83
84 City Gulfport, FL 85 Zip Code 33707

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 James W O'Neill

DATE Apr 28, 1997

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	REED, JUDITH A	
STREET ADDRESS	P. O. BOX 833	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REED, JUDITH A.	
1.3 STREET ADDRESS	P.O. BOX 833 N/A	
1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith A Reed

4-28-97 813-595-2492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

036277

CR2E034 (9/96)

Law Offices of

James W. O'Neill

2120 - 52nd STREET SOUTH
GULFPORT, FL 33707

James W. O'Neill

PHONE (813) 327-4586

FAX (813) 327-6747

May 20, 1997

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

IN RE: JUDITH A. REED, INC.
Ref #: P96000000797

Dear Sir/Madam,

Enclosed please find the corrected report, along with a copy of your letter, and a check in the amount of \$165.00 for filing.

Thank you for your attention in this matter.

Sincerely,



JAMES W. O'NEILL
ESQUIRE

JWO/ar
enclosure