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FILED

May 15 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 # P96000003549 (8)

1. Corporation Name

REDDY CAPITAL CORPORATION

Principal Place of Business

Mailing Address

~~2431 ALOMA AVENUE~~  
~~SUITE 221~~  
~~WINTER PARK FL 32789~~

~~2431 ALOMA AVENUE~~  
~~SUITE 221~~  
~~WINTER PARK FL 32789-2530~~

2. Principal Place of Business

2a. Mailing Address

21 *moved*  
230 LOOKOUT PLACE

26 230 LOOKOUT PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200

27 200

City & State

City & State

23 MAITLAND, FL

28 SAME

Zip

Zip

24 32751

29

Country

Country

25 ORANGE

30 ORANGE

8. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/02/1996

4. FEI Number

59-326162

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

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

10. Name and Address of New Registered Agent

PIERCEFIELD, DAVID S

2431 ALOMA AVENUE  
SUITE 221  
WINTER PARK FL 32789

DAVID S. PIERCEFIELD, P.A.  
230 LOOKOUT PLACE, SUITE 200  
MAITLAND, FLORIDA 32751

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: Type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
REDDY, SUBBA K  
9473 WICKHAM WAY  
ORLANDO FL 32836

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUBBA K. REDDY, PRESIDENT

4-24-97 (407) 876-5377

Date

Daytime Phone #

CR2E034 (9/96)