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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 08 1998 8:00am Secretary of State

DOCUMENT # P96000012930 (9)	•
R. E. HOLDINGS, INC.	† <b>16 1</b> 0 10 10 11 11 16 16 11 10 1

R. E. HOLDIN Principal Place of Business Mailing Address 5103 FIVE ACRE RD 5103 FIVE ACRE RD PLANT CITY FL 33565 PLANT CITY FL 33585 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>02/07/1996</u> Applied For 21 59-3369483 Not Applicable \$8.75 Additional 5, Certificate of Status Desired 22 Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes Name and Address of Current Registered 10. Name and Address of New Registered Agent 81 Name REED. WARREN P 5103 FIVE AGRE-RD 82 PLANT CITY FL 33565 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, typed or printed name of registered agent and title it applicable (NO15: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T#TLE D DELETE 1.1 TITLE \_\_\_ Change Addition NAME REDD. WARREN P 1.2 NAME 5103 FIVE ACRE RD STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE NAME EAKER, PAULA D 2.2 NAME STREET ADDRESS 5103 FIVE ACRE RD 2.3 STREET ADDRESS PLANT CITY FL 33565 CITY-ST-2IP 2 4 CITY - ST - 7IP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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14. I 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 exportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in