

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**FILED**

**97 SEP 30 PM 12:00**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT 97**  
 DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000030308 (6)**  
 1. Corporation Name  
**BROTHERS REED, INC.**

Principal Place of Business Mailing Address  
**RT. 1 BOX 257-I QUINCY FL RT. 1 BOX 257-I QUINCY FL**

2. Principal Place of Business		2a. Mailing Address	
21 Same	25 Suite, Apt. #, etc.	26 Same	27 Suite, Apt. #, etc.
22 City & State	23 Zip	28 City & State	29 Zip
24 Country	25 Country	30 Country	30 Country

3. Date Incorporated or Qualified <b>04/08/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PARSON, STEWART E  
 119 W. WASHINGTON STREET  
 CHATTAHOOCHEE FL**

10. Name and Address of New Registered Agent

81 Name <b>ANDREW REED</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Rte 1 Box 257-I</b>
83 City <b>Quincy FL</b>
84 Zip Code <b>FL 32351</b>

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 Andrew Reed DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REED, JERRERY W</b>
STREET ADDRESS	<b>CMR 467 BOX 6896</b>
CITY-ST-ZIP	<b>APO AE 09096 09096</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REED, ANDREW</b>
STREET ADDRESS	<b>RT. 1 BOX 257-I</b>
CITY-ST-ZIP	<b>QUINCY FL 32351</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REED, CRAIG W</b>
STREET ADDRESS	<b>810 BETHEL STREET</b>
CITY-ST-ZIP	<b>CHATTAHOOCHEE FL 32324</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>200002309465-01</b>
1.3 STREET ADDRESS	<b>-10/01/97--0114--01</b>
1.4 CITY-ST-ZIP	<b>***750.00 ***750.00</b>
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.

CR2E034 (4/97)