

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90003 048 \*\*\*550.00

DOCUMENT # **P96000095116** ✓

1. Corporation Name

**RESERVE SALES, INC.**

Principal Place of Business

2160 RESERVE PARK TRACT  
PORT ST LUCIE FL 34986  
US

Mailing Address

2160 RESERVE PARK TRACT  
PORT ST LUCIE FL 34986  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/18/1996**

4. FEI Number

**59-3418502**

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 owes the current year  
Intangible Personal Property.

☐

Yes ☐ No

1. Principal Place of Business

**603 N. Indian River Dr.**

2a. Mailing Address

**603 N. Indian River Dr.**

Suite, Apt. #, etc.

**Suite 104**

Suite, Apt. #, etc.

**Suite 104**

City & State

**Fort Pierce, FL**

City & State

**Fort Pierce, FL**

Zip

**34950**

Country

**25**

Zip

**34950**

Country

**30**

9. Name and Address of Current Registered Agent

**FEE, FRANK H III**  
**401-A SOUTH INDIAN RIVER DRIVE**  
**FT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

1. 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

1. TITLE

**D**  
**T SCOTT WINGFIELD**  
**7230 RESERVE CREEK DRIVE**  
**PORT ST LUCIE FL**

☐ DELETE

2. TITLE

**DVTS**  
**JOHN W HOLCOMB**  
**9655 RESERVE BLVD**  
**PORT ST LUCIE FL**

☐ DELETE

3. TITLE

**PD**  
**W.C. WINGFIELD**  
**161 ANCHOR DRIVE**  
**VERO BEACH FL**

☐ DELETE

4. TITLE

☐ DELETE

5. TITLE

6. TITLE

7. TITLE

8. TITLE

9. TITLE

10. TITLE

11. TITLE

12. TITLE

13. TITLE

14. TITLE

15. TITLE

16. TITLE

17. TITLE

18. TITLE

19. TITLE

20. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change ☐ Addition

☐

Change ☐ Addition

☐

Change ☐ Addition

☐

Change ☐ Addition

☐

Change ☐ Addition

☐

Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: **T. Scott Wingfield**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/7/99**

Date

**561-465-7020**

Daytime Phone #

CR2E034 (5/99)

0129100