## 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

DOCUMENT # **P97000018028 (5)** 

REACTION TURE MANAGEMENT, INC. Principal Place of Business Mailing Address 4533 SUNBEAM ROAD 4533 SUNBEAM ROAD UNIT 803A UNIT 803A JACKSONVILLE FL 32257 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32257 3. Date Incorporated or Qualified 02/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζīp Country Zip Country 8. This corporation owes or has paid the current year intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent INCORPORATORS PLUS, INC. 81 Name 1214 N. UNIVERSITY DRIVE 82 Stree PLANTATION FL 33322 83 84 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 agont, 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 families with, and accept the obligations of, Section 607.0505, Florida Statutes. Charlock Kobert SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1.1 TITLE CHADDOCK, ROBERT A 1.2 NAME NAME 4533 SUNBEAM ROAD, UNIT 803A STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32257 1.4 CITY-ST-ZIP CITY - ST - ZIP D, VIP, S DELETE Change Addition 21 TITLE TITLE CHADDOCK, PAMELA E NAME 2.2 NAME 4533 SUNBEAM ROAD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE ☐ Addition Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 anythachment with an address

SIGNATURE:

Chadalas President

+ 2-25-98 904-787-002

**FILED** 

Feb 27 1998 8:00am

Secretary of State

2E034 (10/97)