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 # P97000071606 (2)

REED ALEXANDER LIMITED INC.

Principal Place of Business Mailing Address 4749 RINGWOOD MEADOW 4749 RINGWOOD MEADOW **BARASOTA FL 34235** SARASOTA FL 34235 2. Principal Place of Business 2n. Mailing Address 26

FILED Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1997 Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Žip Country Zip. Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name **BUSINESS FILINGS INCORPORATED** 1186 OCEAN SHOR BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 195 83 ORMOND BEACH FL 32176 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME BRYANT, WILLIAM A 1.2 NAME STREET ADDRESS 4749 RINGWOOD MEADOW 1.3 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 1.4 CITY+ST-ZIP □ DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition NAME ROBINSON, HELEN READ 2.2 NAME 4749 RINGWOOD MEADOW STREET ADDRESS 2.3 STREET ADDRESS SARAŞQTA FL 34235 CITY - ST - ZIF 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS **4.3 STREET ADDRESS** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE Change Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS**

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 corporation or the receiver or justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if provided by on an autophysion with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP