

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000086974 (7)**

1. Corporation Name
REED ISLAND - MLC, INC.

Principal Place of Business

**9440 PHILLIPS HWY., STE. 9
JACKSONVILLE FL 32256**

Mailing Address

**9440 PHILLIPS HWY., STE. 9
JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number ☒ Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MONTGOMERY, MITCHELL R 9440 PHILLIPS HWY., STE. 9 JACKSONVILLE FL 32256				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	MONTGOMERY, MITCHELL R			1.2 NAME			
STREET ADDRESS	9440 PHILLIPS HWY., STE. 9			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256			1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	Patsy A. Hite			2.2 NAME			
STREET ADDRESS	9440 Phillips Hwy #9			2.3 STREET ADDRESS			
CITY-ST-ZIP	Jax, FL 32256			2.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	Gandy, Royce C.			3.2 NAME			
STREET ADDRESS	9440 Phillips Hwy #9			3.3 STREET ADDRESS			
CITY-ST-ZIP	Jax, FL 32256			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		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		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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:

Patsy A. Hite

Patsy A. Hite 2-10-98

904-260-9446

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