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Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~P98000036~~ P98000036551

1. Corporation Name

REYNOLDS DEVELOPMENT CORP. ✓

Principal Place of Business

Mailing Address

P.O. Box 4961
ORLANDO, FLORIDA
32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized

4/22/98

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☒ Applied For ☐ Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registrar Agent

BHC CORPORATE SERVICES OF CENTRAL
FLORIDA, INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO, FLORIDA 32801

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 of officer or director of corporation and fee, if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Add
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Add
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Add
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Add
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Add
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Add
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	
		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 registered business entity, and I execute this report as required by Chapter 607, Florida Statutes; and that the name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: _____

4-30-99

(722) 445-8780