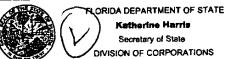
AMOUNT QUE ON OR BEFORE 99/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).





FILED Jul 15, 1999 8:00 am

ANNU	PORATION AL REPORT	Secretary	·	Secretary of State
	MENT # PORON	0048009 /	ORPORATIONS	0, 15 1555 50002 025
1. Corporation	Name	50-10000 V		
REED F	ARM, INC.			i ingresse den 2010 i Gere ware markt Daret dater breat i drei Mart Strik (2011 176)
Depois of Place	of Pheinage	Malling Address		- I SMATISMAT IYM (AIGH) IMKIR MATTI METITI MATTI ABATI ABATI ADADA TATI) OCEKU MATTI ADAL ADAT EDDE
Principal Place of Business Malling Address 705-WEST DR. MARTIN LUTHER KING JR. BLVD. 706-WEST DR. MARTIN LUTHER KING JR. BLVD.				
TAMPA FL 338		TAMPA FL 33603		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				05/29/1998
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
	Box 761	26 P.O BOX	761	59-351-44-5 Not Applicable
Suite, Apt. I		Suite, Apt. #, etc	<u></u>	5. Certificate of Status Desired \$8.75 Additional Fee Required
1		27		Pee Required
City & State		City & State	TO-FILE	6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip DADE	Country	8. This corporation owes the current year
.: ^{∠1} 7331	76 25 PASCO	- 2 T (a)	30 PASCO	Intengible Personal Property. Yes No
-; <u></u>	9. Name and Address of Curre		1,750	10. Name and Address of New Registered Agent
			81 Name	
FERRARO, TOM F				ess (P.O. Box Number is Not Acceptable)
708 WEST DR. MARTIN LUTHER KING JR. BLVD.				
TAMPA FL 33603 83			83	
			84 City	85 Zip Code
				ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	TE: Registered Agent elgnature req.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DI THOMAS PICHADO D	LOELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, RICHARD R POST OFFICE BOX 761		1.3 STREET ADDRESS	[1]
STREET ADDRESS	DADE CITY FL 33526		1.4 CITY-ST-ZIP	`
CITY-ST-ZIP	DADE CIT FE 33320	DELETE	2.1 TITLE	Change Addition
NAME	THOMAS, FRANCES		2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 761		23 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33526		Z.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change _ Addition
NAME			3.2 NAME	Į.
STREET ADDRESS			3.3 STREET ADDRESS	· _
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Change Addition
TITLE		L DELETE	4.1 TITLE 4.2 NAME	Li Grange Li Addition
NAME		,	4.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			4,4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	1
STREET ADDRESS			5.3 STREET ADDRESS	1
CRY-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		All the films of any and any all first and a	6.4 CITY-S1-ZIP	tion 119 07/3/(i) Florida Statutes I further certify that the information
indicated of	errity that the information supplied with on this arriual report or supplements	in this liting does not quality for the annual report is true and accur.	ate and that my signature	tion 119.07(3)(i). Florida Statutes. I further certify that the information shall have the same legal effect as if made under cath; that I am tuired by Chapter 607, Florida Statutes; and that my name appears
an officer of the Block 12	or director of the corporation or the n 2 or Block 13 if changed, or on an at	aceiver or trustee empowered to tachment with an address.	execute this report as rec	tillian by Chapter out, Fronted Statutes, and that my norms appears
	1 Som	Marile II L	Oran a	7/.)
SIGNAT	URE: Y / X つりごり	Ked 16 1 The	anim	7/1/95