ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

JOCUMENT # P98000103371

M. G. REID SERVICES, INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90047 025 ***150.00

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nincipal Place of Business Mailing Address)	
151 ELLIS STREET NORTH FORT MYERS FL 33903 3 Date				DO NOT WRITE	IN THIS SPA	CF.		
					3. Date Incorporated or Qualified			
					12/10/1998			
Principal Place of Business 2a. Mailing Address /				- 1	4. FEI Number		App!	lied For
451 81115 St 26 451 84			5	7		51412		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	(/3			 		8.75 Ac	
	27				5. Certificate of Status Desired Fee Required			
City & State 28 7/A 28 7 MYCI			ntry	7/12	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
25 127 29 3 30 30 30 30 30 30 30 30 30 30 30 30 3				~ _	8. This corporation owes the current	tyear Ye	. 🗇	No
30703 25 ZCC	<u> </u>	0 ~	- C		Intangible Personal Property.			
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent			
REID, MELISSA G			81	Name				
451 ELLIS STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
NORTH FORT MYERS FL 33903								
HOMIT FOR MILITOTE 00900			83		and the state of t		ـــــــــــــــــــــــــــــــــــ	
•	•		84	City		85	Zip Co	ode
						FL	J	
Pursuant to the provisions of sections 607.0502 office or registered agent, or both, in the State c agent. I am familiar with, and accept the obligat IGNATURE Signature, typed or printed name of registered agent.	and title if applicable. (NOTE				red when reinstating)	DATE		
. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFIC	$\overline{}$		
	D PRESIDENT DELETE		TLE			□ (Change [Addition
ME REID, MELISSA G		1.2 N	ME					
REET ADDRESS 451 ELLIS STREET			REET.	ADDRESS				
Y-ST-ZIP NORTH FORT MYERS FL 3390	3	_	TY-ST-	ZIP				
" DAMEN GOUL	DELETE	2.1 Ti				□ (Change L	Addition
ME CONTRACTOR	, ,	2.2 N/	AME					
REET ADDRESS 4518 LLIS Y-ST-ZIP 76. 1145 7/14 33903			REET	ADDRESS				
			TY-ST	-ZIP		———		
VICT President DELETE		3.1 TI	TLE			□ (Change L	Addition
ME I MAHAYUN GOH	V * 7 .	3.2 N	ME					
REET ADDRESS	·	3.3 ST	REET	ADDRESS				
Y-ST-ZIP 790 1011 311 1	= <u>}</u>	3.4 CI	TY-ST	ZIP	A games indep to the hold days of the second	4 gigan #*	ر در	77 75 75 75 75 75 75 75 75 75 75 75 75 7
IE N. HINGE.	1. A MYES 3 DELETE		4.1 TITLE		ETRAFT WILLIAM EXWELLER THROUGH AND	اولينا وسهدر در	Change	Addition
ME		4.2 N	AME					
REETADDRESS		4.3 ST	REET	ADDRESS				
Y-ST-ZIP		4.4 CI	TY-ST	-ZIP				
LE	DELETE	5.1 TI	TLE			<u></u>	Change [Addition
WE		5.2 N	WE					
REET ADDRESS		5.3 ST	REET	ADDRESS				
Y-ST-ZIP		5.4 C	TY-ST	-ZIP				
LE	DELETE	6.1 TI	TLE				Change [Addition
ME		6.2 N	AME					
REET ADDRESS		6.3 ST	REET.	ADDRESS				
Y-ST-ZIP		6.4 CI	TY-ST-	-ZIP				
				-4-4-4 (4	ing 440 07/03/3) Elevido Etabatos I fratha		ha inform	ation

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. **IGNATURE:**