

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S39886 (4)

1. Corporation Name  
REYNOLDS ELECTRIC COMPANY, INC.

Principal Place of Business

2620 DOWMAN DR  
APOPKA FL 32712

Mailing Address

2620 DOWMAN DR  
APOPKA FL 32712-5159



3. Date Incorporated or Qualified  
03/19/1991

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3062115

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, TED  
2620 DOWMAN DR.  
APOPKA FL 32702

81 Name

REYNOLDS, TED

82 Street Address (P.O. Box Number is Not Acceptable)

1561 CHESTNUT AVENUE

83

84 City

WINTER PARK

FL

85 Zip Code

32789

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	REYNOLDS TEDDY W	
STREET ADDRESS	2620 DOWMAN DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REYNOLDS, EVELYN	
STREET ADDRESS	2620 DOWMAN DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	REYNOLDS, ALPHA	
STREET ADDRESS	2620 DOWMAN DR	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REYNOLDS TEDDY W	
1.3 STREET ADDRESS	1561 CHESTNUT AVENUE	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REYNOLDS, Alpha	
3.3 STREET ADDRESS	2620 DOWMAN DR	
3.4 CITY-ST-ZIP	APOPKA, FL	
4.1 TITLE	SEL. TREAS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REYNOLDS, PATRICIA	
4.3 STREET ADDRESS	1561 CHESTNUT AVENUE	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 (352)241-0633

CR2E034 (9/96)