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FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V05613 (7)

1. Corporation Name

RICHARD T. REES AND ASSOCIATES, INC.

Principal Place of Business

6127 DOE CIRCLE WEST
LAKELAND FL 33809

Mailing Address

6127 DOE CIRCLE WEST
LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1992

4. FEI Number

59-3105604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CARLTON, CHARLES L.
2120 LAKELAND HILLS BLVD.
LAKELAND FL 33805

10. Name and Address of New Registered Agent

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

TITLE PSD ☐ DELETE

NAME REES, RICHARD T.
STREET ADDRESS 6127 DOE CIRCLE WEST
CITY-ST-ZIP LAKELAND FL 33809

TITLE VT ☐ DELETE

NAME REES, LINDA J
STREET ADDRESS 6127 DOE CR, WEST
CITY-ST-ZIP LAKELAND FL 33809

TITLE V ☐ DELETE

NAME REES, DIANE L
STREET ADDRESS 237 VILLAGE CREST CT
CITY-ST-ZIP LAKELAND FL 33809

TITLE V ☐ DELETE

NAME REES, DAVID W
STREET ADDRESS 6127 DOE CR WEST
CITY-ST-ZIP LAKELAND FL 33809

TITLE D ☐ DELETE

NAME REES, ANNE M
STREET ADDRESS 45 SO. THOMAS AVE
CITY-ST-ZIP KINGSTON PA 18704

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V. DIANE L. MIKOLON
67 RAILROAD ST.
GLEN LYON, PA 18617

D. MARK MIKOLON
67 RAILROAD ST.
GLEN LYON, PA 18617

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

3/4/98 941 88-9295

CR2E034 (10/97)