

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

DOCUMENT # V13707

1. Corporation Name

D REESE & ASSOCIATES, INC.

Principal Place of Business

5111/6 BAYMEADOWS ROAD
SUITE 392
JACKSONVILLE FL 32217

Mailing Address

5111/6 BAYMEADOWS ROAD
SUITE 392
JACKSONVILLE FL 32217

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90106 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

4. FEI Number

65-0312125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 9130 Aquincoet Ln.

22 Suite, Apt. #, etc.

23 City & State

JACKSONVILLE

24 Zip

32257

25 Country

Dual

2a. Mailing Address

26 9130 Aquincoet Ln.

27 Suite, Apt. #, etc.

28 City & State

JACKSONVILLE

29 Zip

32257

30 Country

Dual

9. Name and Address of Current Registered Agent

REESE, DANIEL D.
5111/6 BAYMEADOWS ROAD
SUITE 392
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

REESE, DANIEL D.

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

9130 Aquincoet Ln.

83

84 City

JACKSONVILLE

85

FL

86 Zip Code

32257

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 *Daniel D. Reese*

DANIEL D. Reese

Resident

4/27/99

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 ☐ DELETE

NAME
D REESE, DANIEL D.
STREET ADDRESS
5111/6 BAYMEADOWS ROAD
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D REESE, KATHERINE A.
STREET ADDRESS
5111/6 BAYMEADOWS ROAD
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
D REESE, DANIEL D.
1.3 STREET ADDRESS
9130 Aquincoet Ln
1.4 CITY-ST-ZIP
JACKSONVILLE, FL. 32257

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
D REESE, KATHERINE A.
2.3 STREET ADDRESS
9130 Aquincoet Ln
2.4 CITY-ST-ZIP
JACKSONVILLE, FL. 32257

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 904-737-1239

Date

Daytime Phone #

CR2E034 (1/98)