## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 30 1998 8:00am **PROFIT** CORPORATION Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (1)**DOCUMENT #** REED BUILDING CONTRACTORS, INC. Principal Place of Business Mailing Address 258 W SR 434 258 W SR 434 STE A LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζıp Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. ☐ No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GREENSPOON, MARDER, HIRSCHFELD, ET AL. 135 WEST CENTRAL BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1100** 83 ORLANDO FL 32801 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 bith in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obliquitoris of. Section 607 0505, Florida Statutes. SIGNATURE (NOTE: Regestered Agent signature reguled when reinstating) CR2E034 (10/97 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1 I TITLE Change REED, DAVID A NAME 1.2 NAME 258 W SR 434, STE. A STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST-ZIP DELETE 3 1 TITLE Change Addition TELLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4 CITY - ST- ZIP DELLIE 41 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 composition of the replaced to the 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 or only the property with a paddress.

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

6.4 City - St - 7/P

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

T/T) F

NAME

DAVID ALKERD PRESIDENT 4/23/28

Chapge

Addition