

APPROVED
AND
FILED

95 APR 17 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63968** (4)

1. Corporation Name
TOM REED ENTERPRISES, INC.

Mailing Address
**3970 BENDOW STREET
PANAMA CITY BEACH FL 32407**

Principal Place of Business
**3916 BENDOW STREET
PANAMA CITY BEACH FL 32407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/14/1992	3a. Date of Last Report 07/27/1993
4. FEI Number 59-3029422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If above addresses are incorrect in any way, and through correct information and enter correction below

2. Mailing Address 21 P.O. Box 35124	2a. Principal Place of Business 26 8200 SURF DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. UNIT 104
23 City & State PANAMA CITY, FL	28 City & State PANAMA CITY BEACH, FL
24 Zip 32412	25 Country BAY
29 Zip 32408	30 Country BAY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITSITT, RICHARD L.
2454 PRETTY BAYOU BLVD.
PANAMA CITY FL 32405**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607 0502 and 607 1508 or Sections 617 0502 and 617 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 of registered agent and I hereby accept the obligations of Section 607 0503 or 617 0503, Florida Statutes.

SIGNATURE: *[Signature]* **4-6-95** (Date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	D
12 NAME	RUSSELL, GEORGE E.	12 NAME	ANN K. EASTERLING
13 STREET ADDRESS	P O BOX 15072	13 STREET ADDRESS	8200 SURF DRIVE #104
14 CITY, ST, ZIP	PANAMA CITY FL	14 CITY, ST, ZIP	PANAMA CITY BEACH, FL 32408
21 TITLE	D	21 TITLE	
22 NAME	REED, THOMAS C.	22 NAME	
23 STREET ADDRESS	3916 BENDOW ST	23 STREET ADDRESS	128 RIVERVIEW DRIVE
24 CITY, ST, ZIP	PANAMA CITY BCH FL	24 CITY, ST, ZIP	WENAHITCHKA, FL 32465
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY, ST, ZIP		34 CITY, ST, ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY, ST, ZIP		44 CITY, ST, ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and I am not guilty for the exemption stated in Section 113 07 00k, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any other document with my address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95 (Date)