

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:26

DOCUMENT # **G58824** (5)

1. Corporation Name  
**REIMELT CORPORATION**

Principal Place of Business: **13330 BYRD DRIVE ODESSA FL 33556-5312**

Mailing Address: **13330 BYRD DRIVE ODESSA FL 33556-5312**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/07/1983	02/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FBI Number	Applied For
23 City & State		28 City & State		59-2324237	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HARRIS, MR. CHRISTY F.  
2012 S. FLORIDA AVE.  
414 EUNICE DRIVE  
LAKELAND FL 33803**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REIMELT, STEPHEN
STREET ADDRESS	13330 BYRD DRIVE
CITY - ST - ZIP	ODESSA FL 33556
TITLE	ST
NAME	REIMELT, VIOLETTA
STREET ADDRESS	13330 BYRD DRIVE
CITY - ST - ZIP	ODESSA FL 33556
TITLE	EVP
NAME	SCHUBERT, HORST
STREET ADDRESS	13330 BYRD DRIVE
CITY - ST - ZIP	ODESSA FL 33556
TITLE	EVP
NAME	TUFTS, CAROL
STREET ADDRESS	13330 BYRD DRIVE
CITY - ST - ZIP	ODESSA FL
TITLE	VP
NAME	JESKEY, ANTHONY
STREET ADDRESS	13330 BYRD DRIVE
CITY - ST - ZIP	ODESSA FL 33556
TITLE	<del>VP</del>
NAME	<del>CHAPIN, DONALD</del>
STREET ADDRESS	<del>13330 BYRD DR</del>
CITY - ST - ZIP	<del>ODESSA FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VP ROBERT W. ANDERSON
6.3 STREET ADDRESS	13330 BYRD DRIVE
6.4 CITY - ST - ZIP	ODESSA, FL 33556

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition.

SIGNATURE: *Carol E Tufts, V.P. of Finance* 1/16/95 (813) 920-7434  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Carol Tufts, V.P. of Finance