

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90212 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G58824**

1. Corporation Name  
**REIMELT CORPORATION**



Principal Place of Business 13330 BYRD DRIVE ODESSA FL 33556-5312	Mailing Address 13330 BYRD DRIVE 33556-5312 ODESSA FL 33556-5312 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/07/1983**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

4. FEI Number <b>59-2324237</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BARNETT, LESLIE J ESQ**  
**BARNETT, BOLT, KIRKWOOD & LONG**  
**601 BAYSHORE BLVD, SUITE 700**  
**TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name <i>Corporation Service Company</i>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <i>1201 Hays Street</i>
84 City <i>Tallahassee</i> <b>FL</b> 85 Zip Code <b>32301</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMELT, STEPHAN	1.2 NAME	
STREET ADDRESS	13330 BYRD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMELT, VIOLETTA	2.2 NAME	
STREET ADDRESS	13330 BYRD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUBERT, HORST	3.2 NAME	
STREET ADDRESS	13330 BYRD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	3.4 CITY-ST-ZIP	
TITLE	SRVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESKEY, ANTHONY	4.2 NAME	
STREET ADDRESS	13330 BYRD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	4.4 CITY-ST-ZIP	
TITLE	SRVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROBERT W	5.2 NAME	
STREET ADDRESS	13330 BYRD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ANDERSON, ROBERT 2/19/99 (813) 920-7434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

209032 - 90212-18  
G-58824

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: REIMELT CORPORATION

2. The mailing address of the corporation is: 13330 BYRD DRIVE, ODESSA, FL 33556

3. Date of incorporation/qualification: SEPTEMBER 7, 1983 Document number: G58824

4. The name and address of the current registered agent and office:

LESLIE J. BARNETT, ESQ.  
BARNETT, BOLT, KIRKWOOD & LONG  
601 BAYSHORE BOULEVARD, SUITE 700  
TAMPA, FL 33606

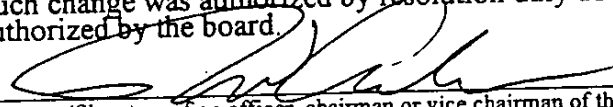
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

FILED  
98 DEC 22 PM 4:5  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

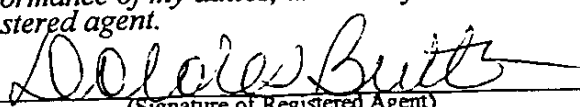
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

12/14/98  
(Date)

ROBERT ANDERSON, SENIOR VICE PRESIDENT & COO  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

  
(Signature of Registered Agent)

12/21/98  
(Date)

If signing on behalf of an entity:

DOLORES BURTON  
(Typed or Printed Name)

ASSISTANT SECRETARY  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*