

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:05

DOCUMENT # 193773 (9)

1. Corporation Name

REGENA INVESTORS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
SHERRILL OLIVER SHERRILL OLIVER
220 HUNTINGTON DR./P.O. BOX 660516 220 HUNTINGTON DR./P.O. BOX 660516
MIAMI SPRINGS FL 33266-0516 MIAMI SPRINGS FL 33266-0516

3. Date Incorporated or Qualified 06/11/1956 3a. Date of Last Report 02/21/1994

4. FEI Number 59-6076976 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, SHERRILL
220 HUNTING LODGE DR.
MIAMI SPRINGS FL 33166

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GRUBAUGH, NERINE
STREET ADDRESS 13953 SW 66 ST
CITY - ST - ZIP MIAMI SPRINGS FL
TITLE S
NAME GRUBAUGH, NERINE
STREET ADDRESS 13953 SW 66 ST
CITY - ST - ZIP MIAMI, FL 33183
TITLE PD
NAME OLIVER, SHERRILL
STREET ADDRESS 220 HUNTINGTON DR
CITY - ST - ZIP MIAMI SPRINGS FL
TITLE D
NAME BERGER, SHERRILL
STREET ADDRESS 135 MILLBROOK TRACE
CITY - ST - ZIP MARIETTA GA
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SHERRILL OLIVER
P+D

1/13/95

305-887-6123