FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** DOCUMENT # 217547 REASONERS, INC. Principal Place of Business Mailing Address REASONER, ALAN WARD 2501 53RD AVENUE EAST P.O. BOX 1881 P.O. BOX 1881 ONECO FL 34264-8881 ONECO FL 34264-8881 3. Date Incorporated or Qualified. 3a. Date of Last Report 11/26/1958 05/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-0646707 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 29 Yes □ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Samuel A. Reasoner REASONER, EGBERT S. Street Address (P.O. Box Number is Not Acceptable) 2501 53rd Ave. E. 82 53rd Ave. E. 2501 53RD AVE EAST 83 **BRADENTON FL 34203** 84 City Zip Code **34203** Bradenton 11. Pursuant to Pursuant to the provisions of Sections #07-0502 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 appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am Samuel A. Reasoner, Director SIGNATURE 4/30/96 agent and title if applicable (NOTE: Registered Agent signature required when reinstating CR2E034 (12/95 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE T DELETE 1 1 TITLE Change Addition NAME REASONER, ALAN WARD 1.2 NAME STREET ADDRESS 2501 53RD AVENUE EAST 1.3 STREET ADDRESS CITY - ST - ZIP BRADENTON FL 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2. 1 TITLE NAME 2 2 NAME REASONER, EGBERT S. STREET ADDRESS 2501 53RD AVENUE EAST 2.3 STREET ADDRESS CITY-ST-ZIP BRADENTON FL 2 4 CITY - ST - ZIP DELETE TITLE STD 3 1 TIFLE Addition REASONER, RAE F NAME 3.2 NAME STREET ADDRESS 2501 53RD AVE E 3.3 STREET ADDRESS CITY-ST-ZIP BRADENTON FL 3.4 City-St-ZiP TITLE □ DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME REASONER, SAMUEL A STREET ADDRESS 4.3 STREET ADDRESS 2501 53RD AVENUE EAST CITY-ST-ZIP BRADENTON FI 4 4 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 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 address.

4/30/96

(941)756-1881

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: