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 APR 10 PM 2:45

DOCUMENT # 476997 (2)

1. Corporation Name

REINMAN, HARRELL, GRAHAM, MITCHELL & WATTWOOD, P A

Principal Place of Business	Mailing Address
1825 S. RIVERVIEW DR. ~~P.O. DRAWER 410~~ MELBOURNE FL 32901	1825 S. RIVERVIEW DR. ~~P.O. DRAWER 410~~ MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1975
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

City & State (23)
City & State (28)

Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1595831 ☐ 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

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	VD	☐ Change ☒ Addition
NAME	REINMAN, JAMES L	12 NAME	Moletteire, Robert M.	
STREET ADDRESS	1825 S RIVERVIEW DR	13 STREET ADDRESS	1825 S. Riverview Dr	
CITY-ST-ZIP	MELBOURNE, FL 00000	14 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	21 TITLE	VD	☐ Change ☒ Addition
NAME	HARRELL, WILLIAM H	22 NAME	Mahl, Jeffrey F.	
STREET ADDRESS	1825 S RIVERVIEW DR	23 STREET ADDRESS	1825 S. Riverview Dr	
CITY-ST-ZIP	MELBOURNE, FL 00000	24 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	DSTM	31 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, BRUCE A.	32 NAME		
STREET ADDRESS	1825 S. RIVERVIEW DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 00000	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, ANDY A.	42 NAME		
STREET ADDRESS	1825 S RIVERVIEW DR	43 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 00000	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, KAREN B.	52 NAME		
STREET ADDRESS	1825 S. RIVERVIEW DR	53 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	WATTWOOD, ROBERT W.	62 NAME		
STREET ADDRESS	1825 S. RIVERVIEW DR	63 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	64 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)(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.

SIGNATURE: B_ a man 3/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 407-724-4450 Daytime Phone #