

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 476997

1. Corporation Name

REINMAN, HARRELL, MITCHELL & WATTWOOD, P.A.
1825 S. Riverview Dr.
Melbourne, FL 32901

Principal Place of Business

Mailing Address

1825 S. Riverview Dr.
Melbourne, FL 32901

1825 S. Riverview Dr.
Melbourne, FL 32901

3. Date Incorporated or Qualified

3a. Date of Last Report

4/10/95

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21

26

#59-1595831

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCE A. MITCHELL
1825 S. Riverview Dr.
Melbourne, FL 32901

81 Name

James L. Reinman

82 Street Address (P.O. Box Number is Not Acceptable)

1825 S. Riverview Dr.

83

84 City

Melbourne

FL

85 Zip Code
32901

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

James L. Reinman

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Reinman, James L.
STREET ADDRESS 1825 S. Riverview Dr.
CITY-ST-ZIP Melbourne, FL 32901

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME Harrell, William H.
STREET ADDRESS 1825 S. Riverview Dr.
CITY-ST-ZIP Melbourne, FL 32901

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME DSTM Mitchell, Bruce A.
STREET ADDRESS 1825 S. Riverview Dr.
CITY-ST-ZIP Melbourne, FL 32901

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME VD Graham, Andy A.
STREET ADDRESS 1825 S. Riverview Dr.
CITY-ST-ZIP Melbourne, FL 32901

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VD Mitchell, Karen B.
STREET ADDRESS 1825 S. Riverview Dr.
CITY-ST-ZIP Melbourne, FL 32901

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME DV Wattwood, Robert W.
STREET ADDRESS 1825 S. Riverview Dr.
CITY-ST-ZIP Melbourne, FL 32901

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 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.

SIGNATURE:

James L. Reinman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/96

CR2E034 (12/95)