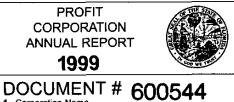
1999

RODGERS AND REINER, P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90097 039 \*\*\*150.00

Mailing Address Principal Place of Business 5104 POE AVE 5104 POE AVE TAMPA FL 33629-7527 TAMPA FL 33629-7527 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/01/1968 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 59-1221981 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required. 22 27. City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zio 8. This corporation owes the current year Intangible Zip □ No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 REINER, ERNEST A Street Address (P.O. Box Number is Not Acceptable) 82 5104 POE AVENUE **TAMPA FL 33629** Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ Change PTD ☐ DELETE 1.1 TITLE TITLE RODGERS, RICHARD C. 1.2 NAME NAME 12401 N 22ND ST. B505 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE VSD 2.1 TITLE REINER, ERNEST A. NAME 2.2 NAME 5104 POE AVE 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/ levies mo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mp II

March 17, 1999 (813)

Davi 8.3 9. #5917

CR2E034 (11/98)