


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710595 (0)**

1. Corporation Name  
**THE PAUL E. AND KLARE N. REINHOLD FOUNDATION, IN C.**

Principal Place of Business <b>225 WATER ST. STE 2175 JACKSONVILLE FL 32202 US</b>	Mailing Address <b>PO BOX 299 JACKSONVILLE FL 32201-0299 US</b>
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2. Principal Place of Business <b>21 320 Corporate way</b> Suite, Apt. #, etc. <b>22 Suite 200</b> City & State <b>23 Orange Park, FL</b> Zip <b>24 32073</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 320 Corporate way</b> Suite, Apt. #, etc. <b>27 Suite 200</b> City & State <b>28 Orange Park, FL</b> Zip <b>29 32073</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>03/24/1966</b>	3a. Date of Last Report <b>03/25/1996</b>
		4. FEI Number <b>59-6140495</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LEAH B GIEBEIG 225 WATER STREET SUITE 2175 JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>320 Corporate way</b> <b>83 Suite 200</b> <b>84 City</b> <b>Orange Park</b> <b>FL</b> <b>85 Zip Code</b> <b>32073</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Leah B Giebig 6-13-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CAMP, THOMAS E III</b>	1.2 NAME	
STREET ADDRESS	<b>225 WATER ST #2175</b>	1.3 STREET ADDRESS	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CD MYERS, JUNE REINHOLD</b>	2.2 NAME	
STREET ADDRESS	<b>225 WATER ST #2175</b>	2.3 STREET ADDRESS	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASD MARTIN, RALPH H.</b>	3.2 NAME	
STREET ADDRESS	<b>225 WATER ST #2175</b>	3.3 STREET ADDRESS	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST GIEBEIG, LEAH B.</b>	4.2 NAME	
STREET ADDRESS	<b>225 WATER ST #2175</b>	4.3 STREET ADDRESS	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MYERS, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>225 WATER ST #2175</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D TOWE, NEELY</b>	6.2 NAME	
STREET ADDRESS	<b>225 WATER ST #2175</b>	6.3 STREET ADDRESS	<b>320 Corporate way, Suite 200</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Leah B Giebig 6-13-97 904-228-9111

CR2E037 (9/96)