

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840976 (5)

1. Corporation Name

REYNOLDS SECURITIES INC.

Principal Place of Business

**CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801**

Mailing Address

**CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801**

500001481045

05/09/95-01094-011

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1978

3a. Date of Last Report

04/22/1994

4. FEI Number

94-2702813

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and fee application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTD
NAME	HORNE, A.M.
STREET ADDRESS	1209 ORANGE STREET
CITY, ST, ZIP	WILMINGTON DE
TITLE	VAS
NAME	DENNY, C. M.
STREET ADDRESS	1209 ORANGE STREET
CITY, ST, ZIP	WILMINGTON DE
TITLE	SVD
NAME	LUTHANS, KIM E.
STREET ADDRESS	1209 ORANGE ST.
CITY, ST, ZIP	WILMINGTON DE
TITLE	DP
NAME	FERRUCCI, M.A.
STREET ADDRESS	1209 ORANGE ST.
CITY, ST, ZIP	WILMINGTON DE
TITLE	VAS
NAME	WILLIAMS, M.L.
STREET ADDRESS	1209 ORANGE ST.
CITY, ST, ZIP	WILMINGTON DE
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 19.07(3)(b), 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 recipient 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. A. FERRUCCI

4/24/95