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 -3 PM 5:49

DOCUMENT # **849190** **(4)**

1. Corporation Name
JOHN REYNOLDS & SONS, INC.

Principal Place of Business	Mailing Address
HIGHWAY 37 S. P.O. BOX 186 ORLEANS IN 47452-7186	HIGHWAY 37 S. P.O. BOX 186 ORLEANS IN 47452-7186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1981**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business
21: **4520 North S.R 37**
22 Suite, Apt. #, etc.: **P.O. Box 186**
23 City & State: **Orleans Indiana**
24 Zip: **47452** 25 Country:

2a. Mailing Address
26: **4520 North S.R. 37**
27 Suite, Apt. #, etc.: **P.O. Box 186**
28 City & State: **Orleans INDIANA**
29 Zip: **47452** 30 Country:

4. FEI Number: **35-1116625** ☐ 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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, JOHN	12 NAME	
STREET ADDRESS	ROUTE 1	13 STREET ADDRESS	
CITY ST ZIP	WEST BADEN INDIANA 0	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, JERRY L	22 NAME	
STREET ADDRESS	ROUTE 1	23 STREET ADDRESS	
CITY ST ZIP	WEST BADEN INDIANA 0	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	Jeff Reynolds
STREET ADDRESS		33 STREET ADDRESS	Vice President
CITY ST ZIP		34 CITY ST ZIP	Route #1 West Baden IN 47469
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	Greg L Noble
STREET ADDRESS		43 STREET ADDRESS	Vice President
CITY ST ZIP		44 CITY ST ZIP	3371 W CO Rd 775 North Orleans INDIANA 47452
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	Patrick C Schmidt
STREET ADDRESS		53 STREET ADDRESS	Vice President
CITY ST ZIP		54 CITY ST ZIP	311 Wesley Street Orleans INDIANA 47452
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: John L Reynolds III 3/23/95 812-865-3232
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR — Date — Daytime Phone #
John L Reynolds III

0488702 FN