SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 AUG -8 AM 11:30

DOCUMENT # **F15545** **(9)**

1. Corporation Name
REYNOLDS & REYNOLDS, CHARTERED

Principal Place of Business	Mailing Address
433 PLAZA REAL, STE 271 BOCA RATON FL 33432	433 PLAZA REAL, STE 271 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 555 South Federal Highway	26 Post Office Box 490
Suite, Apt. #, etc. 22 Suite 450	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip / Country 24 33432 / 25	Zip / Country 29 33429 / 30

4. FEI Number: 59-2066696 ☐ 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	10. Name and Address of New Registered Agent
REYNOLDS, JOSEPH J 433 PLAZA REAL, STE 271 BOCA RATON FL 33432	81 Name: Joseph J. Reynolds 82 Street Address (P.O. Box Number is Not Acceptable): 555 South Federal Highway 83 Suite 450 84 City: Boca Raton **FL** 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] 6-10-95
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	S	11 TITLE	S	☒ Change ☐ Addition
NAME	REYNOLDS, MAXINE V E	12 NAME	REYNOLDS, MAXINE V. E.	
STREET ADDRESS	433 PLAZA REAL STE #271	13 STREET ADDRESS	555 South Federal Highway, Suite 450	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	P	21 TITLE	P	☒ Change ☐ Addition
NAME	REYNOLDS, JOSEPH J	22 NAME	REYNOLDS, JOSEPH J.	
STREET ADDRESS	433 PLAZA REAL STE #271	23 STREET ADDRESS	555 South Federal Highway, Suite 450	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Maxine V.E Reynolds JUN 10TH 407 331-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000020 CP