## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **F81664**

1. Corporation Name

REINHARDT & ASSOCIATES, INC.

Principal Place	of Business	Mailing Address	Mailing Address						
1175 COLLEGE	BLVD	P. O. BOX 30343							
STE A			PENSACOLA FL 32503			DO NOT WRITE IN THIS SPACE			
PENSACOLA FL 32504-8963 US		03	US			3. Date Incorporated or Qualifed			
••						06/01/1982		ĺ	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26			:	59-2181541	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional			
22		27				G. Germane of change bosines	Fee Re		
City & State	307	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	111111111111111111111111111111111111111			Trust Fund Contribution	Added 1	to Fees	
Zip	Country	Zip		ıtry		8. This corporation owes the current year Intar	igible <b>⊠</b> Yes	□No	
24	25	29   	30			Personal Property Tax.  10. Name and Address of New Registered A			
	9. Name and Address of Cu	Irrent Registered Agent		81	Name	10. Hanie and Addiesa of Not Registered A	3	,	
REIN	HARDT, KAREN M.		]						
	COLLEGE BLVD			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	SACOLA FL 32504		ŀ	83					
:				_			I I		
				84	City	FL	85   Zip (	Code	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statut	es, the at	ove	-named corpor	ration submits this statement for the purpose of cl	nanging its	registered	
office or re	egistered agent, or both, in the Si	tate of Florida. Such change was a bligations of, Section 607.0505, Flo	uthonzed	י עם	the corporation	n's board of directors. I hereby accept the appoint	ment as re	gistered	
	m lamiliai willi, and accept the or	bligations of, Section 607,6363, Fid	Tida Otato	103.				}	
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE	: Registered	Agen	nt signature required v				
12.	OFFICERS	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PST	☐ DÉLETE	1.1 111	LE			Change	☐ Addition	
NAME	reinhardt, karen m		1.2 NA	ME					
STREET AD/ORESS	5051 GRANDE DR. #I-7		1.3 ST	REET	ADDRESS				
CITY+ST-ZIP	PENSACOLA FL		1.4 CIT	Y-\$1	Γ-ZIP				
TITLE		☐ DELETE	2.1 TIT	LE			Change	☐ Addition	
NAME			2.2 NA	ME					
STREET ADDRESS	•		2.3 ST	REET	T ADDRESS				
CITY-ST-ZIP			2. 4 CI		T-ZIP		Change	☐ Addition	
TITLE	•	DELETE	3.1-TIT		-	·	⊞ cisinge		
NAME	•		3.2 NA					1	
STREET ADORESS					T ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CI 4.1 TIT		T-ZIP	Mary Land Port	Change	Addition	
TITLE		. T DEFEIE							
NAME			4.2 N/		T 4 DODE CO.				
STREET ADDRESS					ADDRESS			1	
CITY-ST-ZIP	· <del></del>	□ DELETE	4.4 CIT		1-217		Change	Addition	
TITLE			5.1 111 5.2 NA						
NAME CTREET ADDRESS					TADDRESS				
STREET ADDRESS			5.4 CI					ĺ	
CITY-ST-ZIP		☐ DELETE	6.1 TT			1.00	☐ Change	Addition	
NAME			6.2 NA	ME			_ •		
NAME			62.57	эгст	*********			i	

6.4 CITY-ST-ZIP

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 trostee 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 addless with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

850-478-8444

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90219 033 \*\*\*150.00