SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $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
95 JUL 14 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F93000003628 (5)**

1. Corporation Name

H.A. REINAUER, INC.

Principal Place of Business	Mailing Address
1983 RICHMOND TERRACE STATEN ISLAND NY 10302	1983 RICHMOND TERRACE STATEN ISLAND NY 10302

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1993
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 06-1357980 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REINAUER FRANKLIN B
16158 CRAIGEND PLACE
ODESSA FL 33558

10. Name and Address of New Registered Agent

81 Name: B. Franklin Reinauer
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	REINAUER, CRAIG	12 NAME	
STREET ADDRESS	480 PACKARD AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES NJ	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	WALES, JONATHAN C	22 NAME	
STREET ADDRESS	36 NEW STREET	23 STREET ADDRESS	
CITY-ST-ZIP	EAST BOSTON MA 02128	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	TIBBETTS, VINCENT	32 NAME	
STREET ADDRESS	36 NEW STREET	33 STREET ADDRESS	
CITY-ST-ZIP	EAST BOSTON MA 02128	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	REINAUER, BERT	42 NAME	
STREET ADDRESS	1983 RICHMOND TERRACE	43 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY 10302	44 CITY-ST-ZIP	
TITLE	ATAS	51 TITLE	☐ Change ☐ Addition
NAME	JONES, JOSEPH	52 NAME	
STREET ADDRESS	1983 RICHMOND TERRACE	53 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY 10302	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E094 (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: _____ 7/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Typed Name)

0176706 FN