

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93 000003028**

1. Corporation Name

H. A. Reinauer, Inc.

FILED
97 SEP -8 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1983 Richmond Terrace Staten Island, NY 10302	Same

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified August 10, 1993	3a. Date of Last Report
4. FEI Number 13-3695129	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	
B. Franklin Reinauer Craigend Place Odessa, FL 33556	

10. Name and Address of New Registered Agent	
81 Name	Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
83	
84 City	Tallahassee
85 FL	Zip Code 32301

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE: *Karen B. Rozar* **Karen B. Rozar, As Its Agent** September 3, 1997
(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	President
STREET ADDRESS	Craig Reinauer
CITY-ST-ZIP	1983 Richmond Terrace
TITLE	☐ DELETE
NAME	Treasurer
STREET ADDRESS	Albert H. Reinauer, III
CITY-ST-ZIP	1983 Richmond Terrace
TITLE	☐ DELETE
NAME	Secretary
STREET ADDRESS	Jonathan C. Wales
CITY-ST-ZIP	36 New Street
TITLE	☐ DELETE
NAME	Assistant Secretary
STREET ADDRESS	Charles A. Wry, Jr.
CITY-ST-ZIP	12 Johnson Street
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ Change ☐ Addition	
11 TITLE	
12 NAME	
13 STREET ADDRESS	300002286973--6
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 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: *Charles A. Wry, Jr.* **Charles A. Wry, Jr.** 8/21/97 617-622-5930
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)



ACCOUNT NO. : 072100000032

REFERENCE : 519002 4390126

AUTHORIZATION :

COST LIMIT *Patricia Poyt* 550000

ORDER DATE : September 4, 1997

ORDER TIME : 10:06 AM

ORDER NO. : 519002-005

CUSTOMER NO: 4390126

CUSTOMER: Kristen Skelley, Legal Asst
Morse, Barnes-brown &
1601 Trapelo Road

Waltham, MA 02154

annual report
CHANGE OF AGENT

NAME: H. A. REINAUER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

LB
9-8-97

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97 SEP -8 AM 11:24
DIVISION OF CORPORATION