

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005252 (0)**

1. Corporation Name

GARY M. REYNOLDS AND ASSOCIATES, INC.



Principal Place of Business 16535 WEST BLUEMOUND, SUITE 230 BROOKSFIELD WI 53005	Mailing Address 16535 WEST BLUEMOUND, SUITE 230 BROOKSFIELD WI 53005
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1995

2. Principal Place of Business 21 2725 S. Moorland Suite, Apt. #, etc. 22 City & State 23 New Berlin, WI Zip 24 53151 Country 25 USA	2a. Mailing Address 26 2725 S. Moorland Suite, Apt. #, etc. 27 City & State 28 New Berlin, WI Zip 29 53151 Country 30 USA
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4. FEI Number
39-1451240

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**F & L CORP.
THE GREENLEAF BLDG.
200 LAURA ST.
JACKSONVILLE FL 32202-3527**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, GARY M	1.2 NAME	
STREET ADDRESS	16535 WEST BLUEMOUND, SUITE 230	1.3 STREET ADDRESS	2725 S. Moorland
CITY-ST-ZIP	BROOKSFIELD WI 53005	1.4 CITY-ST-ZIP	New Berlin, WI 53151
TITLE	DVST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, SHARON	2.2 NAME	
STREET ADDRESS	16535 WEST BLUEMOUND, SUITE 230	2.3 STREET ADDRESS	2725 S. Moorland
CITY-ST-ZIP	BROOKSFIELD WI 53005	2.4 CITY-ST-ZIP	New Berlin, WI 53151
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **Sharon Casey** REQUESTED **1/9/98 (414) 786-5600**

CR2E034 (10/97)