

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G03610** (4)

1. Corporation Name

R.E.H. ASSOCIATES, INC.



Principal Place of Business

**3400 CALGARY LANE
MT. DORA FL 32757**

Mailing Address

**3400 CALGARY LANE
MT. DORA FL 32757**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/05/1982

3a. Date of Last Report

04/06/1995

4. FET Number

59-2227837

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

**GAYLORD, FRANK T
804 N. BAY ST
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name

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

Signature of person authorized to sign this statement (Agent, Secretary, or President) Date

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD
HUMPHREY, ROBERT E
3400 CALGARY LANE
MT DORA, FL 00000**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**STD
HUMPHREY, JANE M
3400 CALGARY LANE
MT DORA, FL 00000**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

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)(k), 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Humphrey
ROBERT E. HUMPHREY

3-19-96

352-357-2828

CR2E034 (12/95)