

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 2:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G80464 (2)

1. Corporation Name

REAVES REALTY CORPORATION

Principal Place of Business

**807 S.E. 9TH AVENUE
DEERFIELD BEACH FL 33441**

Mailing Address

**807 S.E. 9TH AVENUE
DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1984

3a. Date of Last Report

02/22/1994

4. FEI Number

59-2370108

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 399 W. Palmetto Park Rd.

2a. Mailing Address

21a.

Suite, Apt. #, etc.

22 Suite #106

Suite, Apt. #, etc.

27

City & State

23 Boca Raton, FL

City & State

28

Zip

24 33432

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WENZEL, KENNETH A., ESQ.
OSBORNE, HANKINS, MACLAREN & REDGRAVE
700 S. FEDERAL HIGHWAY SUITE 200
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

Kenneth A. Wenzel

82 Street Address (P.O. Box Number Is Not Acceptable)

980 N. Federal Hwy., Suite #440

83

84 City

Boca Raton

85

Zip Code

FL

33432

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
REAVES, LINDA S.
807 SE 9 AVE
DEERFIELD BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VSD
REAVES, HAROLD D.
807 SE 9 AVE
DEERFIELD BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: Linda S. Reaves

4/18/95 (407) 368-9332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number