SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:56

DOCUMENT # **H19467** **(0)**

1. Corporation Name

REYNGOUDT CORPORATION, INC.

Principal Place of Business	Mailing Address
RT 6 BOX 203 PO BOX 786 SUMMERLAND KEY FL 33042	RT 6 BOX 203 PO BOX 786 SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1984
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 BOX 785
22 CARIBBEAN DR E
23 SUMMERLAND KEY FL
24 33042 25 MONROE

2a. Mailing Address
26 P.O. BOX 420786
27 Suite, Apt. #, etc.
28 SUMMERLAND KEY FL
29 33042-0786 30 MONROE

4. FEI Number: 59-2439124 ☐ 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

REYNGOUDT, BRUCE
RT 6 BOX 203
PO BOX 786
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

81 Name BRUCE REYNGOUDT
82 Street Address (P.O. Box Number is Not Acceptable) BOX 785
83 CARIBBEAN DR. E
84 City SUMMERLAND KEY FL 05 Zip Code 33042

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 B Reyngoudt July 10 1995
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	D	1 1 TITLE		☐ Change ☐ Addition
NAME	REYNGOUDT, BRUCE	1 2 NAME		
STREET ADDRESS	RT 6 BOX 203	1 3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERLAND KEY FL	1 4 CITY-ST-ZIP		
TITLE	D	2 1 TITLE		☐ Change ☐ Addition
NAME	REYNGOUDT, ESTHI	2 2 NAME		
STREET ADDRESS	RT 6 BOX 203	2 3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERLAND KEY FL	2 4 CITY-ST-ZIP		
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

CR2E034 (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)(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: B Reyngoudt July 10 1995
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

0031735 CP