

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H44847

(2)

1. Corporation Name
REGANES, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 AM 11:36

Principal Place of Business
**917 KLOSTERMAN RD E
TARPON SPRINGS FL 34689**

Mailing Address
**917 KLOSTERMAN RD E
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/28/1985

3a. Date of Last Report
03/24/1994

4. FEI Number
59-2503275

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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**HARMS, JOSEPH
2058 N. PT. ALEXIS DR.
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

05 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
P

12.2 NAME
HARMS, JOSEPH E.

12.3 STREET ADDRESS
2058 N PT ALEXIS DR

12.4 CITY - ST - ZIP
TARPON SPRINGS FL

12.5 TITLE
S

12.6 NAME
HARMS, DONNA L.

12.7 STREET ADDRESS
2058 N PT ALEXIS DR

12.8 CITY - ST - ZIP
TARPON SPRINGS FL

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY - ST - ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY - ST - ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - 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 110.07(3)(b), 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 each officer or director that I am an officer or director of the corporation or the resolver 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:

Joseph E. Harms **JOSEPH E. HARMS** **2/3/95** **813 944 1516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR