## 2-23-48 B 2380 C

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** Feb 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham\* ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** H44847 REGANES, INC. Principal Place of Business Mailing Address PO BOX 1638 PO BOX 1638 TARPON SPRINGS FL 34688-1638 TARPON SPRINGS-FL-34688-1638 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5118 N.56th St 59-2503275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HARMS, JOSEPH 2058 N. PT. ALEXIS DR. 82 TARPON SPRINGS FL 34689 83 84 907.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered he State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered he obligations of, Saction 607.0505, Florida Statutes. 11. Pursuant to the agent. I am SIGNATURE ed agent and little (NOTE: Registered Agent signature required when reinstating) FICERS AND DIRE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE HARMS, JOSEPH E. NAME 1.2 NAME 2058 N PT ALEXIS DR STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ■ Addition 2.1 TITLE Change TITLE HARMS, DONNA L. NAME 2.2 NAME 2058 N PT ALEXIS DR STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LANG, CHRIS 3.2 NAME 28443 OPEN FIELD LOOP STREET ADDRESS 3.3 STREET ADDRESS WESLEY CHAPEL FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE  $\sqrt{P}$ , T, S4.1 TITLE Nelniak, Kevin NAME 4. 2 NAME 1934 Woodcut Dr. STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP Lutz, FL 33549 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 coporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if highed, or on an attact, ment with an address.