

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H66312** (0)

1. Corporation Name  
**REAJAC, INC.**

Principal Place of Business  
**% DONALD E. JACOBSON  
1363 BAYSHORE DRIVE  
FORT PIERCE FL 34949-3051**

Mailing Address  
**% DONALD E. JACOBSON  
1363 BAYSHORE DRIVE  
FORT PIERCE FL 34949-3051**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/15/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-2554510**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBSON, DONALD E.  
1363 BAYSHORE DRIVE  
FORT PIERCE FL**

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**ST  
REA, JOHN R.  
1211 S 11 ST  
FT PIERCE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
JACOBSON, DONALD E.  
1363 BAYSHORE DR  
FT PIERCE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 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, changed, or on an attachment with an address.

SIGNATURE

*Donald E. Jacobson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DONALD E. JACOBSON**

**4-26-95**  
Date

**707-464-1227**  
Daytime Phone #