**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

FILED
[illegible] OF STATE
[illegible] CORPORATIONS
95 M[illegible] PM 3:22

DOCUMENT # **J26380** **(2)**

1. Corporation Name
**REEFE YAMADA & ASSOCIATES, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| ONE N. DALE MABRY HWY.<br>SUITE 970<br>TAMPA FL 33609 | ONE N. DALE MABRY HWY.<br>SUITE 970<br>TAMPA FL 33609<br>REWRITTEN 3/18/95 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1986
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21: 4010 BOY SCOUT BLVD.
22 Suite, Apt. #, etc.: SUITE 375
23 City & State: TAMPA FLORIDA
24 Zip: 33607
25 Country: USA

2a. Mailing Address
26: 4010 BOY SCOUT BLVD
27 Suite, Apt. #, etc.: SUITE 375
28 City & State: TAMPA FLORIDA
29 Zip: 33607
30 Country: USA

4. FEI Number: 59-2702831 ☐ 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

LUBRANO, ANDREW J.
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 of new registered agent, if changed) (NOTE: Registered Agent signature required when designated) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | REEFE, EDWARD M. | 12 NAME | |
| STREET ADDRESS | 1620 MAGDALENE MANORS DR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | |
| TITLE | DVS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | YAMADA, MASAO | 22 NAME | |
| STREET ADDRESS | 2045 RAINBOW FARMS DR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 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 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 above, or on an attachment with an address.

**SIGNATURE:** Edward M. Reefe 3/22/95 (813) 875-9656
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)
EDWARD M. REEFE

0203348 CP