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 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K27666** **(2)**

1. Corporate Name
PORTSIDE SERVICES, INC.

Principal Place of Business	Mailing Address
1872 SW 29TH AVENUE (33312) P.O. BOX 030171 FT. LAUDERDALE FL 33303	1872 SW 29TH AVENUE (33312) P.O. BOX 030171 FT. LAUDERDALE FL 33303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/06/1988	3a. Date of Last Report 06/23/1994
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27	4. FEI Number 65-0057653	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
24 25	29 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		7. The corporation desires to participate in [illegible] Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HRAWG CORP. 2000 GLADES RD SUITE 400 BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. [illegible] 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 and the street addresses, to the extent required by Florida Statutes, of its registered office and of the business office of its registered agent, as changed, will be identical.

Signature of Officer or Director of the Corporation or Agent

12. OFFICER AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
PTD NIELSEN, WILLIAM H. 1872 SW 29TH AVENUE FT LAUDERDALE FL	☐ Change ☐ Addition
SVD NIELSEN, MARY ANN 1872 SW 29TH AVENUE FT LAUDERDALE FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is validly formatted and does not qualify for the exemption stated in Section [illegible] Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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: Mary Ann Nielsen MARY ANN NIELSEN 5.13.95 305 739-0731
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Daytime Phone Number

0240646 CP

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Secretary of State
Division of Corporations

DOCUMENT # K28394 (0)

1. Corporation Name

REGGIE'S ON BLANDING, INC.

Principal Place of Business
3909 BLANDING BLVD
JACKSONVILLE FL 32210

Mailing Address
3909 BLANDING BLVD
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	07/07/1988
3a. Date of Last Report	05/01/1994
4. FEI Number	59-2898323
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 is currently eligible for the exemption, Florida Statutes	☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address

21 / 26 Suite, Apt. # etc.
22 / 27 City & State
23 / 28
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMITH, LINDA G.
3909 BLANDING BLVD
JACKSONVILLE FL 32210

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SMITH, LINDA G.
STREET ADDRESS	3909 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PTD
NAME	TOWER, R.R.
STREET ADDRESS	3909 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ 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 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: Linda Smith 5-15 904-7713385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0017007 CP