

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L71735 (9)**
1. Corporation Name
SITE REYNOLDS, INC.



Principal Place of Business: **C/O WILLIAM SCOTT FOSTER, 909 MAR-WALT DRIVE, SUITE 1014, FORT WALTON BEACH FL 32547-6711**
Mailing Address: **C/O WILLIAM SCOTT FOSTER, 909 MAR-WALT DRIVE, SUITE 1014, FORT WALTON BEACH FL 32547-6711**

3. Date Incorporated or Qualified: **05/07/1990**
3a. Date of Last Report: **05/19/1995**
4. FEI Number: **59-2029731**
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 **500 VALANTIS AVE**, 22 Suite, Apt. #, etc.:
23 City & State: **VALPARAISO, FLA.**, 24 Zip: **32580**, 25 Country: **US**
2a. Mailing Address: 26 **P.O. Box 722**, 27 Suite, Apt. #, etc.:
28 City & State: **VALPARAISO, FLA.**, 29 Zip: **32580**, 30 Country: **US**

9. Name and Address of Current Registered Agent
**FOSTER, WILLIAM SCOTT
909 MAR-WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent
81 Name: **MATHEWS, DANA C.**
82 Street Address (P.O. Box Number is Not Acceptable): **607 HIGHWAY 99 EAST**
83 City: **DESTIN**, 84 State: **FL**, 85 Zip Code: **32541**

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]* **Registered Agent 3/8/96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D FERGUSON, DONALD L.
STREET ADDRESS	1020 PALM BLVD
CITY-ST-ZIP	NICEVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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: *[Signature]* **5-9-96 904-675-9876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)