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 # **L95636** **(1)**

1. Corporation Name

REITER & ALLEN, P.A.

Principal Place of Business

2303 S.E. 17TH ST.
SUITE 204
OCALA FL 34471
US

Mailing Address

2303 S.E. 17TH ST.
SUITE 204
OCALA FL 34471
US

2. Principal Place of Business
21 State Abbrev.
22 City & State
23 Zip
24 25 Country

2a. Mailing Address
26 State Abbrev.
27 City & State
28 Zip
29 30 Country

3. Date Incorporated or Qualified: 08/24/1990

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3022395 — 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 debts, or intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REITER, TED M.
2303 SE 17TH ST.
SUITE 204
OCALA FL 34471

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 Section [illegible] and [illegible], 1968, 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. [illegible] the corporation [illegible] to continue the appointment as registered agent. I am familiar with and [illegible] by Section [illegible]

SIGNATURE: TED M. REITER PRESIDENT — Same

12. OFFICERS AND DIRECTORS

TYPE	PTD	☐ DELETE
NAME	REITER, TED M.	
STREET ADDRESS	391 N.E. 45TH TERRACE	
CITY, ST, ZIP	OCALA FL	
TYPE	VS	☐ DELETE
NAME	ALLEN, ROBERT "ANDY"	
STREET ADDRESS	3834 APPLETON WAY	
CITY, ST, ZIP	ORLANDO FL	
TYPE	S	☐ DELETE
NAME	PILARCZYK, DEBRA L.	
STREET ADDRESS	3611 NE 18TH TERR.	
CITY, ST, ZIP	OCALA FL	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TYPE	☐ Change	☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TYPE	☐ Change	☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TYPE	☐ Change	☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TYPE	☐ Change	☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TYPE	☐ Change	☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TYPE	☐ Change	☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 with the title of officer or director listed.

SIGNATURE: TED M. REITER 2/22/96 (352) 622-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)