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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:19

DOCUMENT # **M66195** **(2)**

1. Corporation Name
RHEINAUERS, INC.

Principal Place of Business	Mailing Address
1399 6TH ST., N.W. 200 ORANGE-CO. CIRCLE, N.E. WINTER HAVEN FL 33880 US	C/O WILLIAM H. SANDS P. O. OX 1520 WINTER HAVEN FL 33882-1520 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1399 6th St., N.W.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 01/27/1988	3a. Date of Last Report 05/13/1994
4. FEI Number 59-2882665	☐ 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

SANDS, WILLIAM H.
1399 6TH ST., N.W.
WINTER HAVEN FL 33880

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 _____ (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	11 TITLE	☐ Change ☐ Addition
NAME	SANDS, WILLIAM H.	12 NAME	
STREET ADDRESS	1399 6TH ST., N.W.	13 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	SANDS, JULIA S.	22 NAME	
STREET ADDRESS	1399 6TH ST., N.W.	23 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	24 CITY ST ZIP	
TITLE	DVS	31 TITLE	☐ Change ☐ Addition
NAME	HENRY, WILLIAM O. E.	32 NAME	
STREET ADDRESS	965 HELEN CR.	33 STREET ADDRESS	
CITY ST ZIP	BARTOW FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SANDS, HOWARD E., JR.	42 NAME	
STREET ADDRESS	185 LAKE OTIS RD.	43 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SANDS, MARIE H.	52 NAME	
STREET ADDRESS	185 LAKE OTIS ROAD	53 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TOWNE, DUDLEY P.	62 NAME	
STREET ADDRESS	2323 JONILA ;AVE.	63 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	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 if changed or added above.

SIGNATURE: William H. Sands, Pres. 5/29/95 (813) 294-5931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488332 FP