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CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 26 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26198 (2)

1. Corporation Name
REICO, INC.

CM
95-AR

Principal Place of Business	Mailing Address
737 HOLLYWOOD BLVD., N.W. FT. WALTON BEACH FL 32548 US	1209 ORANGE ST. WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/25/1989	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	26	59-2973441	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	IRONS, RONALD E.	1.2 NAME	
STREET ADDRESS	737 HOLLYWOOD BLVD., N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILKE, DONALD R.	2.2 NAME	800001401558
STREET ADDRESS	737 HOLLYWOOD BLVD., N.W.	2.3 STREET ADDRESS	-02/09/95--01042--020
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	POMROY, ROBERT A.	3.2 NAME	
STREET ADDRESS	737 HOLLYWOOD BLVD., N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	~~D~~	4.1 TITLE	☒ Change ☐ Addition
NAME	~~DIXON, THOMAS G.~~	4.2 NAME	Delete
STREET ADDRESS	~~737 HOLLYWOOD BLVD., N.W.~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~FT WALTON BEACH FL~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WENTZ, HOWARD B JR.	5.2 NAME	
STREET ADDRESS	737 HOLLYWOOD BLVD., N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: Donald R. Wilke 1-23-95 904-241-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0002240 CP