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 # **P93000018944 (7)**

1. Corporation Name

REYNOLDS & REYNOLDS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
300 CROWN OAK CENTRE DRIVE #110 LONGWOOD FL 32750 US	CARLTON, FIELDS, WARD, EMMANUEL, ET AL POST OFFICE BOX 1171 ORLANDO FL 32802

3. Date Incorporated or Qualified: **03/12/1993**
3a. Date of Last Report: **03/21/1995**

4. FEI Number: **58-2036963** ☐ 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

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

9. Name and Address of Current Registered Agent

WATSON, LAWRENCE M JR
255 S ORANGE AVE
SUITE 1601
ORLANDO FL 32801

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 (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent Signature is required when completing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, STANLEY J		1.2 NAME	
STREET ADDRESS	5907 WINDSOR DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50312		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FRY, RONNIE J		2.2 NAME	
STREET ADDRESS	7029 HOLCOMB AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50322		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, JEAN E		3.2 NAME	
STREET ADDRESS	117 S 33RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50265		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FAZEKAS, PAUL JR		4.2 NAME	
STREET ADDRESS	122 HEATHER HILL		4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, J. EDGAR		5.2 NAME	
STREET ADDRESS	4726 66TH		5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50322		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, JOANNE A		6.2 NAME	
STREET ADDRESS	5907 WINDSOR DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50312		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: Jean E. Johnston 3-8-96 800-767-1724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)