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FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

300 CROWN OAK CENTRE DRIVE  
#110  
LONGWOOD FL 32750  
US

Mailing Address

CARLTON, FIELDS, WARD, EMMANUEL, ET AL  
POST OFFICE BOX 1171  
ORLANDO FL 32802-1171

3. Date Incorporated or Qualified

03/12/1993

3a. Date of Last Report

04/08/1996

4. FEI Number

58-2038963

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, STANLEY J	
STREET ADDRESS	5907 WINDSOR DR	
CITY - ST - ZIP	DES MOINES IA 50312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRY, RONNIE J	
STREET ADDRESS	7029 HOLCOMB AVE	
CITY - ST - ZIP	DES MOINES IA 50322	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, JEAN E	
STREET ADDRESS	117 S 33RD	
CITY - ST - ZIP	WEST DES MOINES IA 50265	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAZEKAS, PAUL JR	
STREET ADDRESS	122 HEATHER HILL	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, J. EDGAR	
STREET ADDRESS	4726 66TH	
CITY - ST - ZIP	DES MOINES IA 50322	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, JOANNE A	
STREET ADDRESS	5907 WINDSOR DR	
CITY - ST - ZIP	DES MOINES IA 50312	

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 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:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97 515243-1724  
Date Daytime Phone #

CR2E034 (9/96)