

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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**

**FILED**  
**Aug 13 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/12/1993**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 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** ☐ DELETE

NAME **REYNOLDS, STANLEY J**  
STREET ADDRESS **5907 WINDSOR DR**  
CITY-ST-ZIP **DES MOINES IA 50312**

TITLE **D** ☐ DELETE

NAME **FRY, RONNIE J**  
STREET ADDRESS **7029 HOLCOMB AVE**  
CITY-ST-ZIP **DES MOINES IA 50322**

TITLE **D** ☐ DELETE

NAME **JOHNSTON, JEAN E**  
STREET ADDRESS **117 S 33RD**  
CITY-ST-ZIP **WEST DES MOINES IA 50265**

TITLE **D** ☐ DELETE

NAME **FAZEKAS, PAUL JR**  
STREET ADDRESS **122 HEATHER HILL**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ DELETE

NAME **WILLIAMSON, J. EDGAR**  
STREET ADDRESS **4726 66TH**  
CITY-ST-ZIP **DES MOINES IA 50322**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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]*

*7/20/98*

*515-242-1724*

CR2E034 (5/98)