

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000028001 (4)

1. Corporation Name

THE REAGAN CORPORATION



Principal Place of Business

4340 OLD DIXIE HWY
VERO BEACH FL 32967

Mailing Address

4340 OLD DIXIE HWY
VERO BEACH FL 32967

3. Date Incorporated or Qualified
04/15/1993

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0420123

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

PETERSEN, G R
3426 OCEAN DR
VERO BEACH FL 32963

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 607.1506, 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 of office (delete)

(Delete) Registered Agent Signature (required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

P
NAME REAGAN, WILLIE C
STREET ADDRESS 5686 41ST STREET
CITY-ST-ZIP VERO BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

VP
NAME BARRINER, HARDY C
STREET ADDRESS 4140 58TH AVE
CITY-ST-ZIP VERO BEACH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

S
NAME REAGAN, LUCINDA J
STREET ADDRESS 6237 W.FAYETTEVILLE ROAD
CITY-ST-ZIP RIVERDALE GA

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

T
NAME WILLIAMS, HELEN G
STREET ADDRESS 4340 OLD DIXIE HIGHWAY
CITY-ST-ZIP VERO BEACH FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

D
NAME THOMPkins, ERNESTINE
STREET ADDRESS 1025-E MILL STREET
CITY-ST-ZIP MELBOURNE FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

D
NAME LANE, LEE A
STREET ADDRESS 4236-31ST AVE
CITY-ST-ZIP VERO BEACH FL

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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:

Helen Gloria Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen Gloria Williams

06-18-96
Date

561-562-4363
Daytime Phone #

CR2E034 (12/95)