

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0420123	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.1508, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P REAGAN, WILLIE C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5686 41ST STREET	1.2 NAME	
STREET ADDRESS	VERO BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP BARRINER, HARDY C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4140 58TH AVE	2.2 NAME	
STREET ADDRESS	VERO BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S REAGAN, LUCINDA J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6237 W.FAYETTEVILLE ROAD	3.2 NAME	
STREET ADDRESS	RIVERDALE GA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T WILLIAMS, HELEN G	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4340 OLD DIXIE HIGHWAY	4.2 NAME	
STREET ADDRESS	VERO BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D THOMPSON, ERNESTINE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1025 -E MILL STREET	5.2 NAME	
STREET ADDRESS	MELBOURNE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D LANE, LEE A	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4236-31ST AVE	6.2 NAME	
STREET ADDRESS	VERO BEACH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *B. Barriner* 4/27/98 561-234-1501

CR2E034 (10/97)