

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000028001

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

3. Date Incorporated or Qualified

04/15/1993

4. FEI Number

65-0420123

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

PETERSEN, G R

3428 OCEAN DR

VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3339 Cardinal Drive, Suite 200

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 607.1505, 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 P ☐ DELETE

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

TITLE VP ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE T ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

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, with all other like empowered.

SIGNATURE: *Helen Williams* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(561) 562-4363

Daytime Phone #

CR2E034 (1/98)

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90125 036 \*\*\*150.00

