

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P93000081255 (0)**

1. Corporation Name

**REARDIN ANALYSIS AND DESIGN INCORPORATED**

59 MAY - JUN 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business	26. Mailing Address
4804 AZEELE ST TAMPA FL 33609	4804 AZEELE ST TAMPA FL 33609

3. Date Incorporated or Created	3a. Date of Last Report
11/19/1993	06/21/1994

22. State App # 000	27. State App # 000
23. City & State	28. City & State
24. Zip	25. Country
29. Zip	30. Country

4. FEI Number	Applied For
59-3211043	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under § 198.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**REARDIN, RHETT R**  
4804 AZEELE ST  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.08(2) 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 607.08(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME	PD REARDIN, RHETT R.
2. STREET ADDRESS	4804 AZEELE ST
3. CITY & STATE	TAMPA FL
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY & STATE		
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		
6. CITY & STATE		
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY & STATE		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY & STATE		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		
15. CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, but the responsibility stated by law has not been transferred to the State of Florida. I further certify that the information included 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 by me. I understand that any change of the information on this report or supplemental report is required to be made by the corporation, and that my name appears in this report only as a registered agent or registered agent in charge.

SIGNATURE: *Rhett R. Reardin* RHETT R. REARDIN 4-20-95 813-286-8975