

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021505 (0)

1. Corporation Name

REMINGTON RESEARCH AND RECOVERY, INC.

Principal Place of Business

2710 ORLANDO AVENUE
SUITE 201
SANFORD FL 32773

Mailing Address

P.O. BOX 1942
CASSELBERRY FL 32716

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/17/1994

3a. Date of Last Report

2. Principal Place of Business

21 2710 ORLANDO Drive

Suite, Apt. #, etc.

22 Suite 4

City & State

23 SANFORD, FL

Zip

24 32773

Country

25. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

4. FEI Number

59-3263829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARD, THOMAS H III
2710 ORLANDO AVENUE
SUITE 201
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name

WARD, THOMAS H III

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

2710 ORLANDO Drive

83 Suite 4

84 City

SANFORD

FL

85 Zip Code

32773

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARD, THOMAS H III
STREET ADDRESS	2710 ORLANDO AVENUE
CITY, ST, ZIP	SANFORD FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	WARD, THOMAS H III	
1.3 STREET ADDRESS	2710 ORLANDO Drive	
1.4 CITY, ST, ZIP	SANFORD, FL 32773	
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 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)(a), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas H. Ward III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 MAY 1995

Date

407/834-9199

Telephone Number