

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037317 (2)

1. Corporation Name

REACT ASSET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

5203 BAYSHORE BLVD., #2
TAMPA FL 33611

5203 BAYSHORE BLVD., #2
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1984

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2009 N. Lois Ave

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 460

27

City & State

City & State

23 Tampa Florida

28

Zip

Country

Zip

Country

24 33607

25

US

29

30

4. FEI Number

59-3244266

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 has liability for intangible tax under S. 100.022,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAUSE, THOMAS S
5203 BAYSHORE BLVD., #2
TAMPA FL 33611

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 607.0506, Florida Statutes.

SIGNATURE

Thomas S Krause President Thomas S Krause

4/28/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KRAUSE, THOMAS S
STREET ADDRESS 5203 BAYSHORE BLVD., #2
CITY-ST-ZIP TAMPA FL 33611

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

☐ Change ☐ Addition

TITLE D
NAME LEWIS, JAMES
STREET ADDRESS 4507 COUNTRYGATE COURT
CITY-ST-ZIP VALRICO FL 33594

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

☒ Change ☐ Addition

DELETE

TITLE D
NAME PLOUCHER, RAYMOND A
STREET ADDRESS 13711 WHITEBARK PLACE
CITY-ST-ZIP TAMPA FL 33625

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Thomas S Krause Thomas S. Krause

4/28/95

813-879-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #