FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043794 (4)**

1. Corporate Name
REDDI-CLAIM SERVICES, INC.

Principal Place of Business	Mailing Address
36 FAIRCASTLE LANE **PALM COAST FL 32137**	**36 FAIRCASTLE LANE** **PALM COAST FL 32137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-3457610** ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAYLOR, CLIFFORD A ESQ
507 E. MOODY BLVD.
BUNNELL FL 32210

10. Name and Address of New Registered Agent

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 _____ (NEW Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PTD**	11 TITLE	☐ Change ☐ Addition
NAME	**PORTER, RUTH**	12 NAME	
STREET ADDRESS	**36 FAIRCASTLE LANE**	13 STREET ADDRESS	
CITY ST ZIP	**PALM COAST FL 32137**	14 CITY ST ZIP	
TITLE	**VD**	21 TITLE	☐ Change ☐ Addition
NAME	**FERRIS, JOAN**	22 NAME	
STREET ADDRESS	**36 FAIRCASTLE LANE**	23 STREET ADDRESS	
CITY ST ZIP	**PALM COAST FL 32137**	24 CITY ST ZIP	
TITLE	**SD**	31 TITLE	☐ Change ☐ Addition
NAME	**CROMIE, MAISIE**	32 NAME	
STREET ADDRESS	**36 FAIRCASTLE LANE**	33 STREET ADDRESS	
CITY ST ZIP	**PALM COAST FL 32137**	34 CITY ST ZIP	
TITLE	**D**	41 TITLE	☐ Change ☐ Addition
NAME	**CROMIE, JANE**	42 NAME	
STREET ADDRESS	**708 E. 143RD STREET**	43 STREET ADDRESS	
CITY ST ZIP	**BURSNVILLE MN 55337**	44 CITY ST ZIP	
TITLE	**D**	51 TITLE	☐ Change ☐ Addition
NAME	**CROMIE, MARJORIE**	52 NAME	
STREET ADDRESS	**4326 HALIFAX AVENUE NORTH**	53 STREET ADDRESS	
CITY ST ZIP	**ROBBINSDALE MN 55422**	54 CITY ST ZIP	
TITLE	**D**	61 TITLE	☐ Change ☐ Addition
NAME	**SHEPPARD, LINDA**	62 NAME	
STREET ADDRESS	**5725 118TH STREET SE**	63 STREET ADDRESS	
CITY ST ZIP	**DELANO MN 55328**	64 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)(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: Ruth M. Porter - RUTH M. PORTER — 4/27/95 (Date) — (904)446-9214 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0403001 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED

DOCUMENT # **P94000044447 (8)**

1. Corporation Name

HARTWELLS ANTIQUES, INC.

Principal Place of Business:
% RUSSELL H. SHOWALTER, JR., ESQ.
200 W. FORSYTH ST., SUITE 1020
JACKSONVILLE FL 32202

Mailing Address:
% RUSSELL H. SHOWALTER, JR., ESQ.
200 W. FORSYTH ST., SUITE 1020
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1994
3a. Date of Last Report: N/A

2. Principal Office Address: 1034 Park Street
2a. Mailing Address: 1034 Park Street

4. FEI Number: 59-3248663 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State: Jacksonville, FL — Zip: 32204 — Country: USA
City & State: Jacksonville, FL — Zip: 32204 — Country: USA

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.262, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHOWALTER, RUSSELL H JR.
200 W. FORSYTH ST.
SUITE 1020
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: BRELAND, BERNARD H
STREET ADDRESS: % 200 W. FORSYTH ST., STE. 1020
CITY-ST-ZIP: JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE: P D — ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 1034 Park Street
CITY-ST-ZIP: Jacksonville, FL 32204

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)(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: X Bernard Hartwell Breland — 5/1/94 — 904 354 0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010024 CP