FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000092683 (9)**

1. Corporation Name

REINSTITUTION, INC.

Principal Place of Business	Mailing Address
4959 LEXINGTON AVENUE JACKSONVILLE FL 32210	4959 LEXINGTON AVENUE JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: **12/23/1994**
3a. Date of Last Report: **12/01/1995**

2. Principal Place of Business
21 4595 LEXINGTON Ave
22 Suite, Apt. #, etc. N/A
23 City & State Jacksonville, FL
24 Zip 32210 25 Country Duval

2a. Mailing Address
26 4595 LEXINGTON Ave.
27 Suite, Apt. #, etc. N/A
28 City & State Jacksonville, FL
29 Zip 32210 30 Country Duval

4. FEI Number: **59-3284060** ☐ 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

GEORGE, TERESA
4595 LEXINGTON AVENUE
JACKSONVILLE 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 (Signature of new registered agent required when filed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	P	☐ DELETE	1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BAILEY, JAMES F		2 NAME	BOB LECHNER	
STREET ADDRESS	10 N. NEWNAN ST.		3 STREET ADDRESS	1910 SEVILLA BLVD. #104	
CITY-ST-ZIP	JACKSONVILLE FL 32202		4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	S	☐ DELETE	1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MILNE, DOUGLAS		2 NAME	KENNY PARRY	
STREET ADDRESS	4595 LEXINGTON AVE.		3 STREET ADDRESS	4981 EMPIRE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32202		4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D VICE PRESIDENT	☐ DELETE	1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PITMAN, DON		2 NAME	LOU RITTER	
STREET ADDRESS	4923 RIVER POINT RD.		3 STREET ADDRESS	950 Palm Valley Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	☐ DELETE	1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	FARNELL, CLEVE		2 NAME	JOHN FALCONETTI	
STREET ADDRESS	701 FISK ST. #200		3 STREET ADDRESS	2472 DENNIS ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204		4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	Treasurer	☐ DELETE	1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	TOM BENOY		2 NAME	W. M. GAY	
STREET ADDRESS	4311 Harbor Island Drive		3 STREET ADDRESS	524 STOCKTON ST.	
CITY-ST-ZIP	Jacksonville, FL 32225		4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	Director	☐ DELETE	1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	Randy CRABTREE		2 NAME	JANE LYNN	
STREET ADDRESS	9775 OLD ELLIS TRAIL		3 STREET ADDRESS	2251 ROSSELLE ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	

CR2E034 (12/95)

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: D J Milne D J MILNE Sec 904-387-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #