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FILED

Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90039 039 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092683

1. Corporation Name
REINSTITUTION, INC.

Principal Place of Business
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210
US

Mailing Address
4595 LEXINGTON AVE
JACKSONVILLE FL 32210
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
BAILEY, JAMES F
STREET ADDRESS
10 N. NEWMAN ST.
CITY-ST-ZIP
JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
S
MILNE, DOUGLAS
STREET ADDRESS
4595 LEXINGTON AVE.
CITY-ST-ZIP
JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
VPD
PITMAN, DON
STREET ADDRESS
4923 RIVER POINT RD.
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D
FARNELL, CLEVE
STREET ADDRESS
701 FISK ST. #200
CITY-ST-ZIP
JACKSONVILLE FL 32204

TITLE ☐ DELETE

NAME
T
BONEY, TIM
STREET ADDRESS
4311 HARBOR ISLAND DRIVE
CITY-ST-ZIP
JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME
D
CRABTREE, RANDY
STREET ADDRESS
8325 DIKELLIS TRAIL
CITY-ST-ZIP
JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)