

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 # P95000018538 (5)

1. Corporation Name

RIENHARDT CONSULTING INC.



Principal Place of Business

81 N.W. 46TH COURT
FORT LAUDERDALE FL 33309-4016

Mailing Address

81 N.W. 46TH COURT
FORT LAUDERDALE FL 33309-4016

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2949 Sans Pareil St.

26 2949 Sans Pareil St.

4. FEI Number

65-0565725

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32246

25 USA

29 32246

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, LARRY
200 - A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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, if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RIENHARDT, ROBERT
STREET ADDRESS 81 N.W. 46TH COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33309-4016 ☐ DELETE

1.1 TITLE D/P/C/M ☒ Change ☐ Addition
1.2 NAME Rienhardt, Robert
1.3 STREET ADDRESS 2949 Sans Pareil Street
1.4 CITY-ST-ZIP Jacksonville, FL 32246

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE V/T/S ☐ Change ☒ Addition
2.2 NAME Rienhardt, Joan F.
2.3 STREET ADDRESS 2949 Sans Pareil St.
2.4 CITY-ST-ZIP Jacksonville, FL 32246

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(k), 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:

Robert Rienhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Rienhardt

4/12/96 (904) 645-5978

Date

Daytime Phone #

CR2E034 (12/95)