SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



FLORIDA DEPARTMENT OF STATE

| ANNUA | ORATION L REPORT 996 | Secre | a B. Morthan etary of State IF CORPORA | | IS | | | |
|---|--|------------------------------------|--|----------------------------------|-------------|--|---|--|
| DOCUM 1. Corporation N | ENT # P9500 | 0066720 (0 |)) | | | | | |
| REESESEARCH, INC. | | | | | | | | |
| Principal Place of Business Ma ling Address | | | | | | | | |
| 2565 COLORADO STREET 2565 COLORADO STREET | | | | | | | | |
| SARASOTA FL 34237 SARASOTA FL 34237 | | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | | | | 08/29/1995 | | |
| 2. Principal Plac | ne of Business | 2a. Mailing Address | ı. Mailing Address | | | 4. FEI Number | Applied For | |
| 11 THE PART IN | | 26 | | | | 65 0607636 | Not Applicable \$8.75 Additional | |
| Suite, Apt #, | elc | <u></u> | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | Fee Required | |
| 22 | | City & State | City & State | | | 6. Election Campaign Financing | 55.00 May Be | |
| City & State | | 28 | | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country Zip | | | Country 30 | | 8. This corporation has liability for i | ntangible tax under s 199 032 | |
| 24 | 4 25 29 | | | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | |
| | 9. Name and Address of Curr | ent Registered Agent | | 81 | Name | TO. INGINIO BITTO IN THE PROPERTY OF THE PROPE | <u> </u> | |
| reese, bill | | | | 82 | Stroot Add | ress (P.O. Box Number is Not Acceptab | le) | |
| 2565 COLORADO STREET SARASOTA FL 34237 | | | | 82 Street Addi | | iless (r.O. Box Namber is Not Acceptant | | |
| | | | | 63 | | | | |
| | | | | 84 | City | ty FL 85 Zip Code | | |
| office or re agent Tan | a the provisions or Sections our a gistered agent, or both, in the Sta h familiar with, and accept the ob- | ligations of Section 607.0505 | i, Florida Stat | utes | | noration submits this statement for the p you's board of directors. I hereby accept ared when remodely | Costs | |
| 12. | | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 Change Addition | |
| TITLE | D DELETE | | | 1.1 TUTLE 1.2 NAME | | | C Cupida C | |
| NAME | | | | | ADDRESS | | | |
| STREET ADDRESS | 2565 COLORADO STREET | | • | 1.4 CITY - ST - ZIP | | | | |
| CITY-ST-ZIF TITLE | SARASOTA FL 34237 | | | 2 1 TITLE | | | Change Addition | |
| NAME | REESE, ROSE T | | | 2.2 NAME | | | | |
| STREET ADDRESS | 2565 COLORADO STREET | | | 2 3 STREET ACORESS | | | | |
| CITY+ST-ZIP | SARASOTA FL 34237 | | | 2 4 CITY - ST - ZIP 3 1 TITLE | | | Change Addition | |
| TITLE | | L. Jotter | | NAME | | | | |
| NAME STREET ADDRESS | | | | | LADORESS | | | |
| CITY-ST-ZIP | | | 3 4 | CITY - | ST-ZIP | 403-4 | Change Addition | |
| TELE | | DELEI | | THILE | | | Change Addition | |
| NAME | | | | NAME | 1 | | | |
| STREET ADDRESS | | | | | 1 ADDRESS | | | |
| CITY - ST - ZIP | DELETE | | | 5 1 TITLE | | | Change Addition | |
| TITLE I NAME | | | | NAME | | | | |
| SIREET ADDRESS | | | 5.3 | STREE | 1 ADDRESS | | | |
| CiTY+ST+ZIP | | _v | | | ST - ZIP | | Change Addition | |
| TETLE | | DELF | | THILE | 1 | | | |
| NAME | | | | NAME STREE | T ADDRESS | | | |
| STREET ADDRESS | | | 67 | cus. | ST. 7IP | | | |
| CITY-SI-ZIP | h, could that the information Suc | nation with this filing is volunta | rily turnished | land | does not qu | ualify for the exemption stated in Section | 119 07(3)(k), Florida Statutes I | |

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 U7(3)(i), Florida Statutes I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or or trusted empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address

SIGNATURE:

SIGNATURE:

Date

D