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Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000006418 (3) N/C 3/9/98

1. Corporation Name

~~REINMAN & WATTWOOD, P.A.~~

n/k/a Reinman Matheson,
Kostro & Vaughan, P.A.

Principal Place of Business

1825 ~~SOUTH~~ RIVERVIEW DRIVE
MELBOURNE FL 32901

Mailing Address

1825 ~~SOUTH~~ RIVERVIEW DRIVE
MELBOURNE FL 32901

Amended

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1996

4. FEI Number

59-3356218

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

REINMAN, JAMES L
1825 ~~SOUTH~~ RIVERVIEW DRIVE
MELBOURNE FL 32901

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 REINMAN, JAMES L
STREET ADDRESS 1825 ~~SOUTH~~ RIVERVIEW DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE ☒ DELETE
NAME WATTWOOD, ROBERT W
STREET ADDRESS 1825 ~~SOUTH~~ RIVERVIEW DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☒ Change ☐ Addition
1.2 NAME Reinman, James L.
1.3 STREET ADDRESS 1825 Riverview Drive
1.4 CITY-ST-ZIP Melbourne, FL 32901

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D, VP ☐ Change ☒ Addition
3.2 NAME Maureen M. Matheson
3.3 STREET ADDRESS 1825 Riverview Drive
3.4 CITY-ST-ZIP Melbourne, FL 32901

4.1 TITLE D, S, T ☐ Change ☒ Addition
4.2 NAME Victor S. Kostro
4.3 STREET ADDRESS 1825 Riverview Drive
4.4 CITY-ST-ZIP Melbourne, FL 32901

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Kathryn A. Vaughan
5.3 STREET ADDRESS 400 S. Atlantic Ave., Suite 112
5.4 CITY-ST-ZIP Ormond Beach, FL 32176

6.1 TITLE 800002496358 ☐ Change ☐ Addition
6.2 NAME -04/22/98--01022--023
6.3 STREET ADDRESS ***61.25
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. REINMAN, Pres.

4/14/98

(407) 768-2001

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