**CORPORATION ANNUAL REPORT 1995**

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

**APPROVED AND FILED**
95 MAY -1 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # S68105 (3)**

1. Corporation Name
**FINLEY & REIF, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| % 500 OLD HIGHWAY ONE<br>CUDJOE KEY FL 33042 | % 500 OLD HIGHWAY ONE<br>CUDJOE KEY FL 33042 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1991
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21: 22725 old State
22: Suite, Apt. #, etc.: Road 4A
23: City & State: Cudjoe Key, FL
24: Zip: 33043
25: Country:

2a. Mailing Address
26: same as #2
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 65-0276434 ☐ 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

FINLEY, KAY G.
500 OLD HIGHWAY ONE
CUDJOE KEY FL 33042

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: X Kay G. Finley 4-10-95
(Signature of current or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | FINLEY, KAY G. | 12 NAME | | |
| STREET ADDRESS | RT 2 BOX 551 | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | SUMMERLAND KEY FL | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | REIF, DIANA CURTIS | 22 NAME | | |
| STREET ADDRESS | FLAGSHIP DR | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | SUMMERLAND KEY FL | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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)(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 added to the report with an address.

SIGNATURE: X Kay G. Finley, Pres. 4-10-95 305/745-3704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0424334 FP