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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S69471** **(8)**

1. Corporate Name

REICHE AND SILLIMAN, INC.

Principal Place of Business

~~8072 WINDING LAKE CIRCLE~~
~~ORLANDO FL 32835~~
US

Mailing Address

~~8072 WINDING LAKE CIRCLE~~
~~ORLANDO FL 32835~~
US

3. Date Incorporated or Qualified: **07/30/1991**

3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business
21 **8005 Monier Way**
22 Suite, Apt. #, etc.
23 City & State: **Orlando, FL**
24 Zip: **32835** 25 Country: **US**

2a. Mailing Address
26 **8005 Monier Way**
27 Suite, Apt. #, etc.
28 City & State: **Orlando, FL**
29 Zip: **32835** 30 Country: **US**

4. FEI Number: **59-3081828** ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

REICHE, ROBERT B.
~~8072 WINDING LAKE CIRCLE~~
~~ORLANDO FL 32835~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable): **8005 Monier Way**
83
84 City: **Orlando** **FL** 85 Zip Code: **32835**

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 of new registered agent) (Signature of former registered agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS REICHE, ROBERT B. ~~8072 WINDING LAKE CIRCLE~~ ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
				8005 Monier Way Orlando, FL 32835	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT SILLIMAN, WILLIAM M ~~4825 WATERWITCH POINT DRIVE~~ ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
				4837 Waterwitch Point Drive Orlando, FL 32806	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 with an address.

SIGNATURE: Robert B. Reiche (407) 294-6734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #