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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S69471** (8)

1. Corporation Name:
REICHE AND SILLIMAN, INC.

Principal Place of Business

~~8805 MONIER WAY~~
ORLANDO FL 32835
US

Mailing Address

~~8805 MONIER WAY~~
ORLANDO FL 32835
US



2. Principal Place of Business

21 **3949 Winding Lake Circle**

Suite, Apt. #, etc.

22

City & State

23 **Orlando, FL**

Zip

24 **32835**

Country

25

2a. Mailing Address

26 **3949 Winding Lake Circle**

Suite, Apt. #, etc.

27

City & State

28 **Orlando, FL**

Zip

29 **32835**

Country

30

3. Date Incorporated or Qualified

07/30/1991

3a. Date of Last Report

02/27/1996

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**REICHE, ROBERT B.
8805 MONIER WAY
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3943 Winding Lake Circle

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 typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVS** ☐ DELETE

NAME **REICHE, ROBERT B.**

STREET ADDRESS **8805 MONIER WAY**

CITY- ST- ZIP **ORLANDO FL**

TITLE **DPT** ☐ DELETE

NAME **SILLIMAN, WILLIAM M**

STREET ADDRESS **4837 WATERWATCH POINT DR**

CITY- ST- ZIP **ORLANDO 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3943 Winding Lake Circle

1.4 CITY- ST- ZIP

Orlando, FL 32835

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

1321 Waterwatch Cove Circle

2.4 CITY- ST- ZIP

Orlando, FL 32806

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

ROBERT B REICHE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 407 294 6734
Date Daytime Phone #

CR2E034 (9/96)