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INFORMATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

5/2/95 11:00 AM

DOCUMENT # S77503 (8)

REISINGER BROTHERS, INC.

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1252 SE 8TH ST
CAPE CORAL FL 33990

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CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date of Registration	3a. Date of Last Report
21. State, Apt. # or	26. State, Apt. # or	08/28/1991	04/21/1994
22. City & State	27. City & State	4. F.F. Number	Applied For Not Applicable
23. F.F. Number	28. F.F. Number	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. F.F. Number	29. F.F. Number	6. Has been Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. F.F. Number	30. F.F. Number	6. This corporation has liability for underwriting for under 1% of 1994 Florida Statutes	Yes ☒ No ☐

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REISINGER, DONALD F. JR. 1252 SE 8TH ST CAPE CORAL FL 33990	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 607.01 and 607.02, Florida Statutes, the above named corporation submits the 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, hereby accept the appointment as registered agent. I am familiar with and accept the duties of the Secretary of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1.
NAME P REISINGER, DONALD F. JR. 1252 SE 8TH ST CAPE CORAL FL	1. NAME 2. STREET ADDRESS 3. CITY & STATE
NAME VP REISINGER, DONALD F. JR. 1252 SE 8TH ST CAPE CORAL FL 33990	4. NAME 5. STREET ADDRESS 6. CITY & STATE
NAME T REISINGER, SUSAN 1252 SE 8TH ST CAPE CORAL FL 33990	7. NAME 8. STREET ADDRESS 9. CITY & STATE
NAME S REISINGER, SUSAN F. 1252 SE 8TH ST CAPE CORAL FL	10. NAME 11. STREET ADDRESS 12. CITY & STATE
NAME 13. NAME 14. STREET ADDRESS 15. CITY & STATE	16. NAME 17. STREET ADDRESS 18. CITY & STATE
NAME 19. NAME 20. STREET ADDRESS 21. CITY & STATE	22. NAME 23. STREET ADDRESS 24. CITY & STATE

14. I, _____, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01 and 607.02, Florida Statutes. I further certify that the information included on this report is supplemental annual report and 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the report.

SIGNATURE: *Susan F. Reisinger* Susan F. Reisinger 5/2/95 (813) 772-0781