SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S92590** **(6)**

1. Corporation Name
REINGRUBER & COMPANY, P.A.

Principal Place of Business
9400 4TH ST N
SUITE 111
ST PETERSBURG FL 33702

Mailing Address
9400 4TH ST N
SUITE 111
ST PETERSBURG FL 33702

3. Date Incorporated or Qualified: **11/07/1991**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business
21 9800 4th Street North
Suite, Apt. #, etc.
22 Suite 401
City & State
23 St. Petersburg, FL
Zip 24 33702 Country 25 USA

2a. Mailing Address
26 9800 - 4th Street North
Suite, Apt. #, etc.
27 Suite 401
City & State
28 St. Petersburg, FL
Zip 29 33702 Country 30 USA

4. FEI Number: **59-3092023** 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
REINGRUBER, CLAUDIA E.
9800 ~~9400~~ **FOURTH STREET NORTH**
SUITE ~~111~~ 401
ST PETERSBURG FL 33702

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) of registered agent or authorized agent, if any (NOTE: Registered Agent signature required if any of the above changes) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	REINGRUBER, CLAUDIA E.	
STREET ADDRESS	9400 FOURTH STREET N 111	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	☐ DELETE
NAME	SWARTZ, RONALD J.	
STREET ADDRESS	9400 FOURTH STREET N 111	
CITY-ST-ZIP	ST PETERSBURG 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	9800 - 4th Street North, Suite 401	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	9800 - 4th Street North, Suite 401	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
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		

CR2E034 (3/96)

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)(k), 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: Ronald J. Swartz 6/14/96 813-577-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Ronald J. Swartz