

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V03010** (8)

1. Corporation Name

RICHARD C. REASIN C.P.A., P.A.



Principal Place of Business

~~P.O. BOX 507~~
BIG PINE KEY FL 33043

Mailing Address

~~P.O. BOX 507~~
BIG PINE KEY FL 33043

3. Date Incorporated or Qualified
12/24/1991

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 **30362 Overseas Hwy**

2a. Mailing Address

26 **P.O. Box 430507**

4. FEI Number

65-0300969

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33043** 25 **FL** 29 **33043-0507** 30 **FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REASIN, RICHARD C.

MILEMARKER 30.5 US #1

BIG PINE KEY FL 33043

81 Name

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

30362 Overseas Hwy

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 name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP REASIN, RICHARD C.**
STREET ADDRESS **P.O. BOX 507 N/A**
CITY-ST-ZIP **BIG PINE KEY FL**

TITLE ☐ DELETE
NAME **DST REASIN, LESLIE J.**
STREET ADDRESS **P.O. BOX 507 N/A**
CITY-ST-ZIP **BIG PINE KEY 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 **27790 KYLE BLVD**
1.3 STREET ADDRESS **P.O. Box 430507 N/A**
1.4 CITY-ST-ZIP **BIG PINE KEY, FL 33043-0507**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **27790 KYLE BLVD**
2.3 STREET ADDRESS **P.O. Box 430507 N/A**
2.4 CITY-ST-ZIP **BIG PINE KEY, FL 33043-0507**

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 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:

Leslie J. Reasin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE J. REASIN

3/21/96 (305) 872-3283

Daytime Phone

561-9-96

CR2E034 (12/95)