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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995

DOCUMENT # V05613 (7)

1. Corporate Name
RICHARD T. REES AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6127 DOE CIRCLE WEST LAKELAND FL 33809	6127 DOE CIRCLE WEST LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/10/1992
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3105604 ☐ 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

CARLTON, CHARLES L.
2120 LAKELAND HILLS BLVD.
LAKELAND FL 33805

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 name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	REES, RICHARD T.	12 NAME	
STREET ADDRESS	6127 DOE CIRCLE WEST	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	REES, LINDA J	22 NAME	
STREET ADDRESS	6127 DOE CR, WEST	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	REES, DIANE L	32 NAME	
STREET ADDRESS	237 VILLAGE CREST CT	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	REES, DAVID W	42 NAME	
STREET ADDRESS	6127 DOE CR WEST	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	REES, ANNE M	52 NAME	
STREET ADDRESS	45 SO. THOMAS AVE	53 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON PA 18704	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: RICHARD T. REES 2/23/95 813 858-9255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0447804 FP