

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V38977** (7)

1. Corporation Name

**J. REYNOLDS, INC.**

Principal Place of Business

**426 E KENNEDY BLVD  
EATONVILLE FL 32751**

Mailing Address

**426 E KENNEDY BLVD  
EATONVILLE FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/27/1992**

3a. Date of Last Report

**04/01/1994**

4. FET Number

**59-3131469**

Applied For

Not Applicable

5. Certificate of Status Fetched

☐

**\$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 franchise tax under the Florida Statutes.

☐ Yes

☐ No

2. Principal Place of Business

21

State Apt # etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

State Apt # etc.

27

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

**RINGER, HOWARD E JR.  
6341 CONROY RD  
APT 2502  
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name

**Wayne Freeman**

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

**426 E. Kennedy Blvd**

83

84 City

**Eatonville**

**FL**

85 Zip Code

**32751**

11. Pursuant to the provisions of Sections 607.04(1) and 607.1504, 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 a resident of the State of Florida and the provisions of Chapter 607, Florida Statutes.

SIGNATURE

*Wayne Freeman*

By: The designated agent, signed and dated after the filing.

576-95

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| OFF            | <b>D</b>                    |
| NAME           | <b>REYNOLDS, JERRY</b>      |
| STREET ADDRESS | <b>7557 PARK SPRINGS RD</b> |
| CITY, ST, ZIP  | <b>ORLANDO FL</b>           |
| OFF            |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| OFF            |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| OFF            |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| OFF            |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 14 OFF            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 NAME           |                                                                   |
| 16 STREET ADDRESS |                                                                   |
| 17 CITY, ST, ZIP  |                                                                   |
| 18 OFF            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 NAME           |                                                                   |
| 20 STREET ADDRESS |                                                                   |
| 21 CITY, ST, ZIP  |                                                                   |
| 22 OFF            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 NAME           |                                                                   |
| 24 STREET ADDRESS |                                                                   |
| 25 CITY, ST, ZIP  |                                                                   |
| 26 OFF            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 NAME           |                                                                   |
| 28 STREET ADDRESS |                                                                   |
| 29 CITY, ST, ZIP  |                                                                   |
| 30 OFF            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 NAME           |                                                                   |
| 32 STREET ADDRESS |                                                                   |
| 33 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(2)(b), Florida Statutes. I further certify that the information included 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jerry Reynolds*

576-95 7400556