FORM 6 FULL AND PUBLIC DISCLOSURE OF	2011				
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS RECUEPARTME	EIVED NI OF STATE				
LAST NAME — FIRST NAME — MIDDLE NAME FUITWOOD Reginald N MAILING ADDRESS DATE RECEIVED 111: U 2 2012 FOR OFFICE COVASSION OF ENGLY: 2012 JUN — DATE RECEIVED	7 AM IO: 30 ELECTIONS ASSEE, FL				
Jacksonville 32208 Duval CITY ZIP COUNTY ID No. 34					
NAME OF AGENCY Florida House of Representatives NAME OF OFFICE OR POSITION HELD OR SOUGHT State Representative - District 13 Conf Code P Req Code					
CHECK IF THIS IS A FILING BY A CANDIDATE					
PART A - NET WORTH Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated to liabilities from your reported assets, so please see the instructions on page 3.] My net worth as of	by subtracting your reported				
PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes, jewelry, collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings, clothing, other household items, and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 134,000.					
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET				
Investment Accounts (Ameriprise)	\$56,480				
Real Estate - 1487 Biscayne Grove Road, Jacksonville, FL 32218	\$55,000				
2008 Chevy Tahoe	\$18,400				
Bank Accounts	\$26,640				
Real Estate - 8146 Broward Cove Road, Jacksonville, FL 32218	\$354,000				
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY				
Real Estate - 8146 Broward Cove Road, Jacksonville, 32218	\$218,700				
2008 Chevy Tahoe	\$3,400				
Credit Accounts	\$3,120				
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY				
None					

		PART D	- INCOME				
You may EITHER (1) file a complete ment identifying each separate so of Part D below	ete copy of your 2011 federal surce and amount of income	income tax in which excee	return, including all W2's, schedules and ds \$1 000 including secondary sources	attachments of income by	OR (2) file a sworn state- completing the remainder		
I elect to file a copy of my 2011 federal income tax return and all W2's schedules, and attachments [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]							
PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOM	E (See instructions on page ME EXCEEDING \$1.000	e 5): 	ADDRESS OF SOURCE OF INCOME		AMOUNT		
Metro North, CDC, Inc.		3105 N. Main Street			\$60,000		
Rhino Harbor, LLC.		2050 N. University Blvd. Jax, FL 32206			\$22,460		
Florida House of Representatives		402 S. Monroe, Tallahassee, FL 32399		399	\$29,121.24		
SECONDARY SOURCES OF INC NAME OF BUSINESS ENTITY	COME [Major customers clier NAME OF MAJOR : OF BUSINESS' II	SOURCES	usinesses owned by reporting personse ADDRESS OF SOURCE	Pf	on page 5] RINCIPAL BUSINESS CTIVITY OF SOURCE		
DIRECT INTERPROTE IN ORGANICATION DISTRICTS OF MARKET OF MARKET							
PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3							
NAME OF BUSINESS ENTITY	Rhino Harbor, LLC		Biscayne Grove, LLP				
ADDRESS OF BUSINESS ENTITY	2050 Univ. Blvd. N. 32211		2955 Hartley Road, 32256				
PRINCIPAL BUSINESS ACTIVITY	Property Dev. & Consulting		Real Estate Development				
POSITION HELD WITH ENTITY	President		Partner				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		yes				
NATURE OF MY OWNERSHIP INTEREST	Officer		Partner				
	TUDOLICU E ADE CO	ONTINUE	D ON A SEPARATE SHEET PLE	CASE CHE	CK HERE		
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
OA	TH ODS 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ည င	TATE OF FLORIDA OUNTY OF DAVAI				
I, the person whose name appears at the beginning of this form do depose on oath or affirmation and subscribed before me this							
and say that the information disclosed on this form $\frac{1}{2} \frac{1}{2} \frac$							
and say that the information disclosed on this form and any attachments hereto is true accurate. and complete H N OSSINARY SERVICE A MANUEL A							
and say that the information disclosed on this form and any attachments hereto is true accurate. and complete June 20 12 by Regunded Fullwood (Signature of Notary PublicState of Florida)							
JACQUELING W HARRINGTON							
			(Print Type or Stamp Commissioned Name of Notary Public)				
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE. Personally Known OR Produced Identification							
·			Type of Identification Produced				
Ell INC INSTRICTIONS for	then and where to file the	is form are	located at the ton of nage 3				
FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.							

OTHER FORMS you may need to file are described on page 6.