

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P93000076466 (0)**

1. Corporation Name

**Reliance Associates, Inc.**

Principal Place of Business

Mailing Address

**1248 Lazy Lake Rd. E.  
Dunedin FL 34696**

**1248 Lazy Lake Rd. E  
Dunedin, FL 34696**

**APPROVED  
AND  
FILED**

**95 JUN 26 AM 8:58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**00001524820  
-06/27/95--01095--014  
\*\*\*\*\*200.00 \*\*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/27/1993** 3a. Date of Last Report **04/08/1994**

4. FEI Number **59-3213265** 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

2. Principal Place of Business

2a. Mailing Address

21 **2120 Range Rd**

26 **2120 Range Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Clearwater, FL**

City & State

28 **Clearwater, FL**

Zip

24 **34625**

Country

25 **Pinellas**

Zip

29 **34625**

Country

30 **Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Saito, Leo F. III  
1248 Lazy Lake Road E.  
Dunedin, FL 34698**

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 is typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/31/95**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VS</b>
NAME	<b>Saito, Leo F. III</b>
STREET ADDRESS	<b>1248 Lazy Lake Road E.</b>
CITY - ST - ZIP	<b>Dunedin, FL 34698</b>
TITLE	<b>PTD</b>
NAME	<b>Montana, Michael</b>
STREET ADDRESS	<b>2205 Windsong Ct.</b>
CITY - ST - ZIP	<b>Safety Harbor, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**REMITTED BY MAY 2**

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; that the recorder 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, as an attachment with an address.

SIGNATURE

Signature and typed or printed name of signing officer or director

**5/31/95**  
DATE

**913-443-5755**  
Doyler's Phone #