

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90157 029 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S95114**

1. Corporation Name
RELIABLE FINANCIAL SERVICES, INC.



Principal Place of Business
**336 ADAIR STREET
 PORT CHARLOTTE FL 33954**

Mailing Address
**P.O. BOX 380909
 MURDOCK FL 33938-0909
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/19/1991

4. FEI Number
65-0299591 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 9878 SW CR769

2a. Mailing Address
26 9878 SW CR769

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Arcadia, FL

City & State
28 Arcadia, FL

Zip Country
24 34266 25 US

Zip Country
29 34266 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIEDLER, RAYMOND W.
 336 ADAIR STREET
 PORT CHARLOTTE FL 33954**

81 Name
Raymond W. Fiedler

82 Street Address (P.O. Box Number is Not Acceptable)
9878 SW CR769

83

84 City
Arcadia

85 Zip Code
FL 34266

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIEDLER, RAYMOND W.	1.2 NAME	
STREET ADDRESS	336 ADAIR STREET	1.3 STREET ADDRESS	9878 SW CR769
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	Arcadia, FL 34266
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FIEDLER, RONI J.	2.3 STREET ADDRESS	9878 SW CR769
CITY-ST-ZIP	336 ADAIR STREET	2.4 CITY-ST-ZIP	Arcadia, FL 34266
CITY-ST-ZIP	PORT CHARLOTTE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Raymond W. Fiedler* **PRESIDENT**

(941)627-9993

CR2E034 (11/98)