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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L55218

Principal Place of Business

RELI-A-TECH SERVICES, INC.

19690 MUSTAN SUITE 200 DUNNELLON F US	N FL 34432 SUITE 200 DUNNELLON FL 34432 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/02/1990		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	* 4	26			59-2995120	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Stat	te	City & State		<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24	Country 25	Zip 29 30	Country		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
•	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
DIA.		ri ri	81	Name			
2009	rville, brenda l 93 pennsylvania ave		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		V
DUN	INELLON FL 34432		83		1 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		15.13
			84	Citv		les Zin (
A formation and return a con-	gen kura k	25.00		,	F	85 Zip (
office or resident land	registered agent, or both, in the State am familiar with, and accept the oblid	02 and 607.1508, Florida Statutes, the of Florida Such change was author ations of Section 607.0505, Florida	he above rized by Statutes	e-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Regis	stered Agen	t signature required	d when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	R\$ IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GRANT, CHARLES W.		1.2 NAME				
STREET ADDRESS	19690 MUSTANG DR.	·	1.3 STREET	ADDRESS			
CITY-ST-ZIP	DUNNELLON FL		1.4 CITY-S1	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP			2.3 3 I NEE (ADDRESS			
TITLE			2:4 CITY-S				
1 30	MARKE SAMENANA					Change	☐ Addition
NAME (5)	MARKATANAN DAGA	☐ DELETE	2: 4 C/TY-S 3.1 TITLE 3.2 NAME	T-ZIP		Change	☐ Addition
1 30	MERT SEPTEMBLE Properties (1944) Werther Properties	☐ DELETE	2: 4 C/TY-S 3.1 TITLE	T-ZIP		☐ Change	☐ Addition
NAME TO THE STREET ADDRESS CITY-ST-ZIP	[6] 探针的图记录证4 下近日	☐ DELETE	2.4 CFTY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CFTY-S	T-ZIP			
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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 this tee 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.

6.4 CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90020 030 ***150.00

CR2E034 (11/98)

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