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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M66353

(7)

RELO SERVICES, INC.

Jan 27 1	998 8:00am
Secret	ary of State

**FILED** 

Principal Plac	ce of Business	Mailing Address			U THEIDDIT FIN BEILD DIIDE FILD BILD BILL DIBEL DIBE	BUBUT BUBUT BUBUT BUBUT 1881
815 8 MAIN ST BIS S MAIN ST						
6TH FLOOR		6TH FLOOR				
JACKSONVIL	LE FL 32207	JACKSONVILLE FL 32207			DO NOT WRITE IN THIS	SPACE
US		US			3. Date Incorporated or Qualified	
					01/20/1988	
<u> </u>	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-2895717	Not Applicable
	Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 City P. Cto.	27				0.	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28			Trust Fund Contribution	Added to Fees
24	<u> </u>	Zip	Country	′	8. This corporation owes or has paid the cur	
[24]	25 g. Name and Address of Curren		101			Yes/(X)No
nh	ICE, ROBERT J.	v Holiataian Wallit	81	Name	10. Name and Address of New Registered	Agent
			"	INAILE		
01: #6	5 S MAIN ST.		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	CKSONVILLE FL 32207		83			
JA.	CRSONVILLE PL 32207		63			
			84	City		85 Zip Code
dd Dyggyant	to the provisions of Sections 507 050	0 007 4500 50-54- 00-04-			FL	
0.110.00.01.1	iogistorou agont, oi both, ill the otate	OFFICION BUCH CHANGE WAS AU	inorizen ov	The corno	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing its registered ointment as registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	S	,,	annument de regioneres
SIGNATURE	Sharing the state of the state					
12.	Signature, typed or printed name of registured age OFFICERS ANS		B	nt signature rec	quired when reinstating) DATE	
TITLE	DVI	DELETE	<b>13.</b> 11 True		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	PRICE, ROBERT J.		1.2 NAME			C change C Addition
STREET ADDRESS	815 S MAIN ST		1.3 STREET	*DB0000		
CITY-ST-ZIP	JACKSONVILLE FL		1			ļ
TITLE	PD	DELETE	1.4 CITY - S 2.1 TITLE	1-212		Change Addition
NAME	BELL, A. QUINN	_ care	2.1 THEE			Change Notition
STREET ADDRESS	815 S MAIN ST		2.3 STREET	4000000		
CITY-ST-ZIP	JACKSONVILLE FL		ŀ			
TITLE	SD	DELETE	2.4 CITY-S 3.1 THLE	1 · Z P		Change Addition
NAME	STRICKLAND, BARBARA S.		3.2 NAME			
STREET ADDRESS	815 S MAIN ST		3.3 STREET	ADDOCCO		
CITY-ST-ZIP	JACKSONVILLE FL			· I		
TITLE	D	DELETE	3.4. CITY - 5 4.1 TITLE	1- ZIP		Change Addition
NAME	SUDDATH, STEPHEN M.	and section		1		Change Adultidii
STREET ADDRESS	815 S MAIN ST		4. 2 NAME 4.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		B	1		
TITLE		DELETE	4.4 City-S' 5.1 Title	- ZIF		Change Addition
NAME		<u> </u>	5.2 NAME			Sittings Nutrition
STREET ADDRESS		,	5.3 STREET	ADDRESS		Ì
CITY-ST-ZIP						
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE			Change Addition
NAME		Second of the Contract to	6.2 NAME	İ		C Orange C Maditial)
STREET ADDRESS			6.3 STREET	AUDBESS		
CITY-ST-ZIP				j		
<del></del>	ertify that the blormation supplied will	h this filing does not quelify for	6.4 City-St	· IP	in Contine 110 07/0/0 Finish Contine 11	

4. 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 logal effect as if made under oath; that I am an officer or director of the corporation or the jet-expert or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it, or on an attactment with an address.