

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

90 MAY -1 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004846 (2)

1. Corporation Name

THE RESOURCE NETWORK, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1993	3a. Date of Last Report 08/31/1994
4. FEI Number 59-3231659	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
339 RACETRACK ROAD, N.W. FT. WALTON BEACH FL 32547		339 RACETRACK ROAD, N.W. FT. WALTON BEACH FL 32547	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

9. Name and Address of Current Registered Agent

ARNOLD, MYRA
40 COUNTRY CLUB ROAD
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	ARNOLD, MYRA
STREET ADDRESS	40 COUNTRY CLUB RD.
CITY, ST, ZIP	SHALIMAR FL
TITLE	T/D
NAME	ARNOLD, ROBERT J
STREET ADDRESS	40 COUNTRY CLUB RD.
CITY, ST, ZIP	SHALIMAR FL
TITLE	V/D
NAME	BAYER, MARTHA
STREET ADDRESS	257 WEST MIRACLE STRIP PKWY.
CITY, ST, ZIP	MARY ESTHER FL
TITLE	S/D
NAME	BAYER, PETER F
STREET ADDRESS	257 WEST MIRACLE STRIP PKWY.
CITY, ST, ZIP	MARY ESTHER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert J. Arnold, Treasurer, Resource Network, 28 Sep 95
Signature and typed or printed name of signing officer or director

904-882-4426