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FILED

Apr 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000004939 (3)

1. Corporation Name

REALITY CHECK, INC.

Principal Place of Business

701 WEST MAIN STREET  
LEESBURG FL 34748

Mailing Address

701 WEST MAIN STREET  
LEESBURG FL 34748-5128

3. Date Incorporated or Qualified  
10/13/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

59-3342297

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

9. Name and Address of Current Registered Agent

MAIELLO, ROB  
701 WEST MAIN STREET  
LEESBURG FL 34748

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MAIELLO, ROB  
STREET ADDRESS 701 WEST MAIN STREET  
CITY-ST-ZIP LEESBURG FL 34748 ☐ DELETE

TITLE S  
NAME FOWLER, JACK  
STREET ADDRESS 19 HILL WAY  
CITY-ST-ZIP FRUITLAND FL 34731 ☒ DELETE

TITLE DVP  
NAME LOZIER, WAYNE  
STREET ADDRESS 203 TOMATO HILL ROAD  
CITY-ST-ZIP LEESBURG FL 34748 ☐ DELETE

TITLE SD  
NAME MARUNIAK, NICK  
STREET ADDRESS 1201 S. 8TH STREET  
CITY-ST-ZIP LEESBURG FL 34748 ☐ DELETE

TITLE DT  
NAME WAYBRIGHT, JIM  
STREET ADDRESS 502 S. LANE OAK DRIVE  
CITY-ST-ZIP LEESBURG FL 34748 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE DT  
5.2 NAME WAYBRIGHT, JIM  
5.3 STREET ADDRESS 107 N. 12TH ST.  
5.4 CITY-ST-ZIP LEESBURG FL 34748 ☒ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070137

CR2E037 (9/96)