

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004939 (3)**

1. Corporation Name

**REALITY CHECK, INC.**

Principal Place of Business

Mailing Address

**701 WEST MAIN STREET  
LEESBURG FL 34748**

**701 WEST MAIN STREET  
LEESBURG FL 34748**



3. Date Incorporated or Qualified

**10/13/1995**

4. FEI Number

**59-3342297**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip**

**25 Country**

**28 Zip**

**30 Country**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 WAYBRIGHT, JAMES**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**701 W. MAIN ST**

**83**

**84 City LEESBURG**

**FL**

**85 Zip Code 34748**

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

*James L. Waybright*

**JAMES L. Waybright**

**4/24/98**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD**  
**NAME MAIELLO, ROB**  
**STREET ADDRESS 701 WEST MAIN STREET**  
**CITY-ST-ZIP LEESBURG FL 34748** ☒ 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. 9TH STREET**  
**CITY-ST-ZIP LEESBURG FL 34748** ☒ DELETE

**TITLE DT**  
**NAME WAYBRIGHT, JIM**  
**STREET ADDRESS 107 N 12TH STREET**  
**CITY-ST-ZIP LEESBURG FL** ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PD**  
**1.2 NAME VANCE HINEBAUGH**  
**1.3 STREET ADDRESS 5624 E. HARBOR DR.**  
**1.4 CITY-ST-ZIP FRUITLANDA PK. FL 34731** ☒ Change ☐ Addition

**2.1 TITLE VPD**  
**2.2 NAME LAURA TREVORROW**  
**2.3 STREET ADDRESS 612 OAK DR.**  
**2.4 CITY-ST-ZIP LEESBURG, FL 34748** ☒ Change ☐ Addition

**3.1 TITLE SD**  
**3.2 NAME JAY SMITH**  
**3.3 STREET ADDRESS 107 N. 12TH ST**  
**3.4 CITY-ST-ZIP LEESBURG, FL 34748** ☒ Change ☐ Addition

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

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP** ☐ Change ☐ Addition

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

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

SIGNATURE:

*James L. Waybright*

**JAMES L. Waybright**

**2/14/98 352-323-8179**

CR2E037 (10/97)