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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000002942 (9)

1. Corporation Name

RLM FINANCIAL SERVICES, INC.

Principal Place of Business

2600 MAITLAND CENTER PARKWAY
MAITLAND FL 32751

Mailing Address

2600 MAITLAND CENTER PARKWAY
MAITLAND FL 32751

100 E. SYBRIA AVE
STE 375 MAITLAND FL 32751

2. Principal Place of Business

21 100 E. SYBRIA AVE

2a. Mailing Address

26 32751

Suite, Apt. #, etc.

22 375

Suite, Apt. #, etc.

27

City & State

23 MAITLAND

City & State

28

Zip

24 32751

Country

25 FLORIDA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WILDER, CHARLES D
539 VERSAILLES DRIVE
SUITE 100
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name ROBERT L. MILLER JR.

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

100 E. SYBRIA AVE STE 375

83

84 City MAITLAND

FL

85

Zip Code 32751

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

Robert L. Miller Jr.

(NOTE: Registered Agent signature required when reappointing)

4/24/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, ROBERT L JR
STREET ADDRESS 2600 MAITLAND CENTER PARKWAY
CITY, ST, ZIP MAITLAND FL 32751

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 100 E. SYBRIA AVE STE 375

1.4 CITY, ST, ZIP MAITLAND, FL 32751

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert L. Miller Jr.

4/24/95

407-644-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number