

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90022 021 ***150.00

DOCUMENT # **P93000054609**

1. Corporation Name

FLORIDA RELOCATION SPECIALISTS, INC.



Principal Place of Business

6265 E SAWGRASS RD
SARASOTA FL 34232
US

Mailing Address

6265 E SAWGRASS RD
SARASOTA FL 34232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1993

4. FEI Number

65-0429346

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 owes the current year
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

21 2526 WOOD OAK DRIVE

Suite, Apt. #, etc.

City & State

23 SARASOTA, FL

Zip

24 34232

Country

2a. Mailing Address

26 2526 WOOD OAK DRIVE

Suite, Apt. #, etc.

City & State

28 SARASOTA, FL

Zip

29 34232

Country

30

9. Name and Address of Current Registered Agent

SCHIAVON, RALPH T
6265 E SAWGRASS RD
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

RALPH SCHIAVON

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

2526 WOOD OAK DRIVE

83

84 City

SARASOTA

FL

85

Zip Code

34232

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 **RALPH SCHIAVON** 7-12-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SCHIAVON, RALPH T**
STREET ADDRESS **6265 W SAWGRASS RD**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **SCHIAVON, RALPH T**
1.4 CITY-ST-ZIP **2526 WOOD OAK DRIVE**
SARASOTA, FL 34232

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

SIGNATURE:

SIGNATURE REQUIRED

RALPH SCHIAVON

7-12-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P93000054609
596434-90022-21
HOWARD R. WOMELDORPH, JR., C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

6489 PARKLAND DRIVE, SARASOTA, FLORIDA 34243 (941) 727-8111

July 14, 1999

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Florida Relocation Specialists, Inc.
Document # P93000054609
FEI # 65-0429346

To Whom It May Concern:

Enclosed please find the Corporate annual report (2nd notice) for Florida Relocation Specialists, Inc. and a check in the amount of \$150.00 as agreed when my client spoke with an agent in your office. As my client explained to you on Monday, July 12, 1999, he did not receive the first notice. Apparently it was sent to his old address and not forwarded. Enclosed is a copy of the letter he sent you in December 1998 stating his new corporate address. Also enclosed is a copy of the front of this report (2nd notice) showing that it is still being sent to the old address.

If you have any additional questions regarding this matter please call me at (941) 727-8111.

Very truly yours,



Howard R. Womeldorph, Jr., CPA

HRW/ljw