## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

55 BLOGOF CORPORATIONS

1996 5-1

P94000001962 (7)

DOCUMENT # 1. Corporation Name	P94000001962
RELIABLE ENTERPR	NISES, INC.

Principal Place of Business

Mailing Address



18349 N.E. 10TH AVE P.O.BOX 310 CITRA FL 32113 ORANGE LAKE FL 32681							
					3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last f 08/23/19	•
2. Principal Pla	ice of Business	2a. Mailing Addr	ress		4. FEI Number		Applied For
21		26		· · · · · · · · · · · · · · · · · · ·	59-3216770		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Crty & State	Crity & State City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zφ	Country	Žιρ	Country		8. This corporation has liability for intangible tax under s. 199.032.		
24	25	29	30	**************************************	Florida Statutes X Yes No		
	9. Name and Addres	s of Current Registered Agent			10. Name and Address of New Ro	egistered Agent	
				Name			
	Y, CHRISTINE F SR. IE 10TH AVE		ī	32 Street Add	ress (P.O. Box Number is Not Acceptabl	le)	
CITRA F	L 32113		1	33			
			1	34 City		FL 85 2	ip Code
or registere	ed agent, or both, in the :	ns 607.0502 and 607.1508, Floric State of Floridal Such change was ions of, Section 607.0505, Florida	authorized by the co	e-named corpo rporation's boa	ration submits this statement for the purp and of directors, I hereby accept the appo	pose of changing its pintment as registere	registered office d agent. I am
SIGNATURE		र्ग एक्का वेद्धाली बच्चाली को सामान में बच्चाने करें	(NOTE: Registered A	gent synás ná migure	:1wherrenylang)	DATE	
12.		FFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	The common terms of the common terms of the second	ORS IN 12
TITLE	VP	D£l	.ETE 1, 1 गा	.F		☐ Change	Add-tion
NAME	HANDLEY, WAYN			14			5
STREET ADDRESS	100 10 11= 10 11 11 11		EET ADORESS			ļ	
CITY - ST - ZIP			(-SI-ZIP			ORS IN 12  Add tion	
THE						Change	Add tion C
NAMÉ	HANDLEY, CHRISTINE		1				
STREET ADDRESS				EET ADDRESS			
CITY+ST-ZIP TITLE	<u></u>			r-ST-ZIP		☐ Change	Addition
NAME		<u></u> 22	3 2 NAM			₹_1 s i3:.ås	C //doi/low
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C-TY-ST-ZIP				r-S1-ZIP			
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NAME		_	4.2 NA	AE.			
STREET ADDRESS			43514	EET ADORESS			
CITY - ST - ZIP			4.4.0(1)	r-\$1- <b>2</b> IP			
TITLE			FIE 5111	l E	Change Addition		
NAME			5.2 NAM	MΕ			
STREET ADDRESS			53319	EET ADDRESS			
CHTY+ST-ZIP				r-\$1- <b>Z</b> IP			A.A
TITLE		DEL	LETE 6 1 TIT	LF	Change Addition		
NAME			6.2 NAM	1E			
STREET ADDRESS			6.3 STR	EFT ADDRESS			
CITY - S7 - ZIP			6.4 CIT	r - ST - ZiP			

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exerciption 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 comporation or the receiver or trusted 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:

Christians C. Howolley 4.30.96 352-538-2744