## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400001962 (7)

## RELIABLE ENTERPRISES, INC.

18349 N.E. 10TH AVE CITRA FL 32113		P.O.BOX 310 Orange lake FL 32681-0310								
					3. Date Incorporated or Qualified 01/03/1994	te of Last Report 01/1996				
	ace of Business	2a. Mailing Address			4. FEI Number			oplied For		
21	231	26				59-3216770			ot Applicable	
Suite, Apt +	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	;	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees					
Ζιρ <b>24</b>	Country         Zip         Coul           25         29         30			untry		8. This corporation has liability for intangible tax under s. 199.032.  Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Curre	ent Registered Agent		ļ.,	,	10. Name and Address of New Re	gistered A	gent		
HAN	IDLEY, CHRISTINE F SR.			81	Name					
1834	19 NE 10TH AVE RA FL 32113			82	Street Ad-	dress (P.O. Box Number is Not Acceptab	le)			
VIII	, , , , , , , , , , , , , , , , , , ,			83			······			
				84	City		FL	<b>85</b> Zip	Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Starn familiar with, and accept the obli- materials with, and accept the obli-	le of Florida. Such change was gations of, Section 607.0505, I	s authorize Florida Sta	d by	the corporation	rporation submits this statement for the pation's board of directors. I hereby acception with the patient of the patient with the p	ot the appo	changing li pintment as	ts registered registered	
12.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
THE	VP	DELETE	1.1 T	ITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME.	HANDLEY, WAYNE		1.2 N	AME						
STREET ADDRESS	18349 NE 10TH AVE		1.3 \$	TREET	ADDRESS					
CHY-S1-ZIP	CITRA FL 32113		1.4 0	ITY-S	IT-ZIP					
mu	P	DELETE	2.17	ITLE				Change	Addition .	
NAME	HANDLEY, CHRISTINE		2.2 N	AME		•				
STREET ADDRESS	18349 NE 10TH AVE		2.3 \$	TREET	ADORESS	Serve.	9.7			
C TY+S1+ZIP	CITRA FL 32113		2.40	CITY-	ST-ZIP					
11716		☐ DEFELE	3.1 T	ITLE				Change	Addition	
NAME			3.2 N	IAME						
STREET ACCURESS			3.3 \$	TREET	ADDRESS					
Ci1 r + S1 - ZiP					ST-ZIP	<del> </del>		<del></del>		
TITLE		DELETE	4.1 T					Change	Addition	
NAME				NAME						
STREET I ADDRESS			4.3 S	TREET	ADDRESS	•				
CITY+ST_ZIP		De ext			IT-ZIP			r-1 20	T 1	
Tituf		DELETE	5.1 T					L Change		
NAME			5.2 N							
STREET ADORESS					ADDRESS					
CRTY - S.1 - ZiF		DELETE			ST - ZIP			Channe	å delikie =	
TITLE		[""] DETEIF	6.1 T		.]			Change	Addition	
NAME				IAME						
STREET ADORESS 1			6.3 \$	STREET	ADDRESS	0				

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 efficer 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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 352.595.8954

**FILED** 

Apr 09 1997 8:00am

Secretary of State