

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000049678 (3)

1. Corporation Name

RESALE HOME NETWORK, INC.



Principal Place of Business

4429 ARLINGTON PARK DR.  
LAKELAND FL 33801

Mailing Address

4429 ARLINGTON PARK DR.  
LAKELAND FL 33801

3. Date Incorporated or Qualified  
06/28/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

4. FEI Number

59-3252161

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, R. SCOTT ESQ.  
2011 W. CLEVELAND ST.  
SUITE D  
TAMPA FL 33606

81 Name

Byers P. Levy

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

4429 Arlington Park Drive

83

84 City

LAKELAND

FL

85 Zip Code

33801

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

X Byers P. Levy

(Signature, type or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when making change)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LEVY, BYERS P  
STREET ADDRESS 4429 ARLINGTON PARK DR.  
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE VP  
NAME WNEK, MICHAEL E  
STREET ADDRESS 526 HILLSIDE DRIVE  
CITY-ST-ZIP AUBURDALE FL ☐ DELETE

TITLE VP  
NAME KNAPP, MARVIN J  
STREET ADDRESS 2003 SHORE LAND DRIVE  
CITY-ST-ZIP AUBURDALE FL ☐ DELETE

TITLE VP  
NAME KNAPP, RANDALL L  
STREET ADDRESS 4224 HWY 98 N  
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
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

1.4 CITY-ST-ZIP

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: X

Byers P. Levy

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Byers P. Levy

DATE

4/29/96

941-666-2885

Daytime Phone #

CR2E034 (12/95)