

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000089512 (5)

1. Corporation Name

RESALE HOME NETWORK REALTY, INC.



Principal Place of Business

4224 HIGHWAY 98 NORTH  
LAKELAND FL 33809

Mailing Address

4224 HIGHWAY 98 NORTH  
LAKELAND FL 33809

3. Date Incorporated or Qualified  
12/09/1994

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

4. FEI Number  
59-3282839

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

2. Principal Place of Business

21 4500 Hwy 92E

Suite, Apt. #, etc.

22 City & State  
23 LAKE LAND, Florida

24 Zip  
33801

25 Country  
FL

2a. Mailing Address

26 4500 Hwy 92E

Suite, Apt. #, etc.

27 City & State  
28 LAKE LAND, Florida

29 Zip  
33801

30 Country  
FL

9. Name and Address of Current Registered Agent

BROWN, R SCOTT  
101 E. KENNEDY BLVD.  
SUITE 3700  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

RANDALL L. KNAPP  
4500 Hwy 92E  
LAKE LAND  
FL 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

*[Signature]*

(NOTE: Registered Agent Signature required when retiring filing)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KNAPP, RANDALL L	
STREET ADDRESS	4224 HWY. 98 NORTH	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNAPP, MARVIN J	
STREET ADDRESS	2003 SHORELAND DRIVE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WNEK, MICHAEL E	
STREET ADDRESS	526 HILLSIDE DRIVE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, BYERS P	
STREET ADDRESS	4429 ARLINGTON PARK DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4500 Hwy 92E
1.4 CITY-ST-ZIP	LAKE LAND, FL 33801
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL L. KNAPP 4/29/96  
DATE DAYTIME PHONE #

CR2E034 (12/95)