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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT-OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000075796 (8)

HONEST & RELIABLE, INC.

Principal Place of Business

4000 SSRD AVENUE N. ST. PETERSBURG FL 33714 Mailing Address

4000 53RD AVENUE N. ST. PETERSBURG FL 33714-2235

FILED

May 01 1997 8:00am

Secretary of State

2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. 27	ord a	Date Incorporated or Qualified 09/11/1996 Fet Number	3a. Date of Last Report
11 1/000 53'4 Ave N. 26 1/000 53 Suite, Apt. #, etc.	rd a	4. FEI Number	
Suite, Apt. #, etc. Suite, Apt. #, etc.		70 2440343	Applied For
<u>and</u> the state of	3 rd Ave N	59-3400317	Not Applicable
		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 3 ST. PGTGRSburg, FL 28 ST. Pcters Zip Country	burg, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
4 33 714 25 U.S.A. 29 33714	30 U.S.A.		Yes 🖸 No
9. Name and Address of Current Registered Agent		10. Name and Address of New Reg	Istered Agent
BERCUME, GARY	- 81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	
4000 53RD AVENUE N.	82 Street Add		
ST. PETERSBURG FL 33714	83		
			1-21-21-2
	84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stat office or registered agent, or both, in the State of Florida. Such change war agent. I am familiar with, and accept the obligations of, Section 607.0505. 	is authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	arpose of changing its registered t the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and little it applicable (N	IOTE Registered Agent signature requ	uired when reinstating)	DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE GARY Become. DELETE	1.U TITLE		☐ Change ☐ Additio
NAME President/CHIOICMEN	1.2 NAME		
STREET ADDRESS 4000 53 % Ave. N.	1.8 STREFT ADDRESS		
CITY-ST-ZIP ST. Petersberg, FL 33714	1.4 CITY- ST-ZIP		
TITLE DIRECTOR LIDELETE	2.1 TITLE		Change Additio
Heather Become	2.2 NAME		WC /
STREET ADDRESS 4000 53 TH DIE N.	2.8 STREET ADDRESS		(28)
CITY-ST-ZIP ST. Petersburg ,FL 33714	2 4 CHY-S1-ZIP		
TITLE DELETE	31 TITLE		Charles Addisio
NAME :-	3.2 NAME		Y/\
STREET ADDRESS	3.8 STREET ADDRESS		•
CITY-ST-ZIP	3.4. CITY-ST-ZIP		
TITLE", L. DELETE	4.1 TITLE		Change Additio
NAME	4.2 NAME		
STREET ADDRESS	4.8 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		·
TIPLE	51 TITLE		Change Additio
NAME	52 NAME		
STREET ADDRESS	5 8 STREET ADDRESS		
CITY-ST-ZIP	54 CITY-ST-ZIP		
DELETE DELETE	61 TITLE	Change [Addit	
NAME	6.8 NAME	300002164883 -05/05/9701002042	₩005 12042
STREET ADDRESS	63 STREET ADDRESS	***165.00	
City-st-ziP 14. Loo hereby certify that the information supplied with this filing does not que	6.4 CITY-ST-ZIP		