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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000083636 (5)

RESOURCE PLANNERS, INC.

Principal Place of Business

Mailing Address

9705 LITTLE COUNTRY RD

3706 LITTLE COUNTRY RD

FILED May 08 1998 8:00am Secretary of State



PARRISH FL	34219	PARRISH FL 34219	•			
				DO NOT WRITE IN THIS	SPACE	
1.	()	(- ·	۸ (3. Date Incorporated or Qualified	1	
SAME	AS AGEVE	JAME AS	460UE	09/25/1997		
2. Principal F	Place of Business	2a. Mailing Address	V	4. FEI Number	Applied For	
21 3 /05	LATTIE LOWATRY	KA 26 NX SOUTCE /	CANNELS 14	-75.	Not Applicable	
Suite, Apt.	ish, FL,	Za. Mailing Address 2a. Mailing Address 2b. RESOURCE P Suite. Apt. #, etc. 27 3705 Little City & State	HE Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	· ·		= /	6. Election Campaign Financing	\$5.00 May Be	
	219 454	28 PArrish	/ h.	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 34219	Country 30 USA	8. This corporation owes or has paid the cu		
24	25		30 USA	Personal Property Tax due June 30.	Yes No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CTANEY LVIC W 81 Name						
STANER, LYLE W				nie		
			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
* PARRISH FL 34219						
Į.						
			84 City	FI	85 Zip Code	
E.,,						
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, typod or printed name of registered agent and take a approximation. (NOTI : Registered Agent signature required when reinstating) DATE						
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE			1.1 TITLE	A STATE OF THE STA	☐ Change ☐ Addition \$	
NAME	Prasident Lyle W. Stan 3705 Little Cou Parrish, FL.	- L	1.2 NAME			
STREET ADDRESS	3705 Little Com	Ary Rd.	1.3 STREET ADDRESS		[8	
CITY-ST-ZIP	Pannich El	24219	1.4 CITY - ST - ZiP		و ا	
TITLE	177731341	DELETE	2.1 TITLE		Change Addition C	
NAME	,		2.2 NAME			
STREET ADDRESS	ĺ		2.3 STREET ADDRESS			
CITY-ST-ZIP	}		2.4 CITY-ST-ZiP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME		,	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ĺ	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	 	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	1		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
1	<u> </u>		4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition	
NAME	ì		5.2 NAME		See County County	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition	
TITLE	\	☐ DETEIL	6.1 TITLE		Li ouange Li Auditioli	
NAME	ĺ		6.2 NAME		Ì	
STREET ADDRESS	1		63 STREET ADDRESS			

14. I 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 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.