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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000064550

1. Corporation Name

RES LOGIC SERVICES INC

rincipal Place of Business	Mailing Address
09 CATTLEMAN DR	2009 CATTLEMAN DR
RANDON FL 33511	BRANDON FL 33511

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90067 026 ***158.75



Principal Place of Business Mailing Address	
2009 CATTLEMAN DR 2009 CATTLEMAN DR	•
BRANDON FL 33511 BRANDON FL 33511	THEORET IN THE OBACE
	T WRITE IN THIS SPACE
3. Date Incorporated or Qu	rained
07/20/1998	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59 - 352	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desi	ired \$8.75 Additional Fee Required
22 27 27 27 27 27 27 27 27 27 27 27 27 2	
City & State City & State 6. Election Campaign Fina	
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes tr	ne current year intangible
24 25 29 30 Personal Property Tax. 9 Name and Address of Current Registered Agent 10. Name and Address of	
9. Name and Address of Current Registered Agent 10. Name and Address of 81 Name	Mem Vedisteren vilatir
SCHMEHL, ROBERT E	
2009 CATTLEMAN DR 82 Street Address (P.O. Box Number is Not A	cceptable)
TO LUMB OU FL ASTAL	
BRANDON FL 33511 [83]	
84 City	EI 85 Zip Code
Durancet to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named compration submits this statement	for the purpose of changing its registered
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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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP