FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S14231** **(2)**

1. Current Name
RELATIVELY SPEAKING, INC.

Principal Place of Business	Mailing Address
1016 SOUTH FLORIDA AVENUE ROCKLEDGE FL 32955	1016 SOUTH FLORIDA AVENUE ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
County (25):
Zip (29):
County (30):

4. FEI Number: **65-0248962** ☐ 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 totally or partially tax under § 193.002, Florida Statutes.* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARTELL, DEBORAH V.
1655 WESTPORT ROAD
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0502 and/or 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 607.0502, Florida Statutes.

SIGNATURE
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	D	71 Title	☐ Change ☐ Addition
32 Name	SHELTON, JERRY	72 Name	
33 Street Address	1660 CASSIDY DRIVE	73 Street Address	
34 City-St-Zip	ST. CLOUD FL	74 City-St-Zip	
35 Title	PD	75 Title	☐ Change ☐ Addition
36 Name	SHELTON, CYNTHIA L.	76 Name	
37 Street Address	1660 CASSIDY DRIVE	77 Street Address	
38 City-St-Zip	ST. CLOUD FL	78 City-St-Zip	
39 Title	STD	79 Title	☐ Change ☐ Addition
40 Name	WARTELL, DEBORAH V.	80 Name	
41 Street Address	1655 WESTPORT ROAD	81 Street Address	
42 City-St-Zip	MERRITT ISLAND FL	82 City-St-Zip	
43 Title	D	83 Title	☐ Change ☐ Addition
44 Name	ANSBAUGH, MACK R.	84 Name	
45 Street Address	610 ROSEDALE	85 Street Address	
46 City-St-Zip	ST. CLOUD FL	86 City-St-Zip	
47 Title	D	87 Title	☐ Change ☐ Addition
48 Name	WARTELL, ROBERT, B	88 Name	
49 Street Address	1665 WESTPORT RD	89 Street Address	
50 City-St-Zip	MERRITT ISLAND FL	90 City-St-Zip	
51 Title		91 Title	☐ Change ☐ Addition
52 Name		92 Name	
53 Street Address		93 Street Address	
54 City-St-Zip		94 City-St-Zip	

14. I/We 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)(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.

SIGNATURE: Cynthia L Shelton 4/28/95 6337040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070711 CP