

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S14231 (2)

1. Corporation Name

RELATIVELY SPEAKING, INC.



Principal Place of Business

**1016 SOUTH FLORIDA AVENUE
ROCKLEDGE FL 32955**

Mailing Address

**1016 SOUTH FLORIDA AVENUE
ROCKLEDGE FL 32955**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/08/1990

3a. Date of Last Report

05/01/1995

4. FEL 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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature requires 11 characters including)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**SHELTON, JERRY
1660 CASSIDY DRIVE
ST. CLOUD FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

PD

☐ DELETE

NAME

**SHELTON, CYNTHIA L.
1660 CASSIDY DRIVE
ST. CLOUD FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

STD

☐ DELETE

NAME

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

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

**ANSBAUGH, MACK R.
610 ROSEDALE
ST. CLOUD FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

**WARTELL, ROBERT, B
1665 WESTPORT RD
MERRITT ISLAND FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia L. Shelton *Cynthia L. Shelton* 4/3/96 407-633-7040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)