

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90022 023 ***150.00

DOCUMENT # S94634

1. Corporation Name

RELIANT PROPERTY MANAGEMENT CORP.

Principal Place of Business

11015 N DALE MABRY HWY
TAMPA FL 33618
US

Mailing Address

11015 N DALE MABRY HWY
TAMPA FL 33618
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1991

4. FEI Number

59-3098545

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

MURPHY, THOMAS J.
12954 N. DALE MABRY HWY.
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

THOMAS J. MURPHY

82 Street Address (P.O. Box Number is Not Acceptable)

11015 N. DALE MABRY HWY

83

TAMPA FL 33618

84 City

TAMPA

FL

85 Zip Code
33618

11. Pursuant to the provisions of Sections 607.502 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 required when reinstating

DATE

3-20-99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PST
STREET ADDRESS MURPHY, THOMAS J.
CITY-ST-ZIP 10503 SAGE RD
TAMPA FL 33618

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PST
1.3 STREET ADDRESS MURPHY, THOMAS J.
1.4 CITY-ST-ZIP 10503 SAGO ROAD
TAMPA FL 33618

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME MURPHY, BARBARA A.
2.3 STREET ADDRESS 10503 SAGO ROAD
2.4 CITY-ST-ZIP TAMPA FL 33618

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-99 8132690899

CR2E034 (11/98)