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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$94634**

ourpoidade	n Name				
RELIANT	PROPERTY MANAGEMENT	T CORP.			
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Principal Place	e of Business	Mailing Address		( (BEIIBIN II A INTIL DISTO OLIGA (1111)	i 616t 616tt 616tt 618tt erett 816tt erett 100t
11015 N DALE	MABRY HWY	11015 N DALE MABRY HWY			
TAMPA FL 33618 TAMPA FL 33618			DO NOT WEIT	E IN THIS SPACE	
US US			3. Date Incorporated or Qualifed	E IN THIS SPACE	
				11/15/1991	
2 Daimain at Di	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
<b>─</b> .	lace of pushess	26		59-3098545	Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	<i>n</i> , 500.	27		5. Certifcate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	
24	25	29 30		Personal Property Tax.	☐ Yes 🔎 No
•	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Re	egistered Agent
	DUV TUDMAC I		81 Name	THOMAS J. MURPHY	
MURPHY, THOMAS J. 12954 N. DALE MABRY HWY.			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
	PA FL 33618			11015 N. DALE MABRY H	WY
I AIVII	FA FL 33010		83	TAMPA FL 33618	•
			84 City		85 Zip Code
				TAMPA	FL 33618
11. Pursuant	to the provisions of Sections 607 550	2 and 607 1508, Florida Statutes,	the above-named cor	poration submits this statement for the p	the appointment as registered
Onice or n	edistered adem. Of Dom. Bit My State	of Florida. Such change was auto	enzed by the corporal	non a board of directors, thereby accept	the appointment do registeres
agent. I a	m familiar with, and accept the obliga	of Florida. Such change was auto- itions of Section 807 0505, Florid	Statutes.	tion's board of directors. I hereby accept	- 24 - SC
SIGNATURE	Mon	11/1/	7		- 20 -95 DATE
SIGNATURE	Signature, type of printed name of registered ager	ny and title if applicable.	Statutes.  gistered Agent signature requi	red when reinstating)	DATE
SIGNATURE	Signature, type-of printed name of registered ager OFFICERS N	11/1/	gistered Agent signature requi		DATE
SIGNATURE  12. TITLE	Signature, type-of printed name of registered ager OFFICERS	ny and title if applicable. (NOTE)	gistered Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	Signature, types of printed name of registered age OFFICERS AND PST MURPHY, THOMAS J.	ny and title if applicable. (NOTE)	gistered Agent signature requi 13.  1.1 TITLE P  1.2 NAME M	red when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typeses printed name of registered age: OFFICERS AN PST MURPHY, THOMAS J. 10503 SAGE RD	ny and title if applicable. (NOTE)	13.   1.1 TITLE   P   1.2 NAME   M   1.3 STREET ADDRESS   1	red when reinstating)  ADDITIONS/CHANGES TO OFF ST URPHY, THOMAS J.	DATE ICERS AND DIRECTORS IN 12
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14. Hereby certify that the information supplied with his 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 supplier entar 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 of the occiver 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 or an attachment with a paddless, with all other like appowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP