

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V07860 (2)

1. Corporation Name

RELIABLE DEVELOPMENT CORPORATION, INC.



Principal Place of Business

Mailing Address

**14909 W COLONIAL DR
WINTER GARDEN FL 34787
US**

**PO BOX 770217
WINTER GARDEN FL 34777-0217
US**

3. Date Incorporated or Qualified

01/21/1992

3a. Date of Last Report

08/22/1995

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

4. FEI Number

59-3113160

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

**REINER, JACK M JR.
14909 W COLONIAL DR
WINTER GARDEN FL 34787**

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 date of appointment

Signature, typed or printed name of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
REINER, ROBERT J
STREET ADDRESS
14909 W COLONIAL DR
CITY-ST-ZIP
WINTER GARDEN FL**

TITLE ☐ DELETE

**D
NAME
REINER, JACK M
STREET ADDRESS
14909 W COLONIAL DR
CITY-ST-ZIP
WINTER GARDEN FL**

TITLE ☐ DELETE

**D
NAME
BOYLE, WILLIAM G
STREET ADDRESS
14909 W COLONIAL DR
CITY-ST-ZIP
WINTER GARDEN FL**

TITLE ☐ DELETE

**D
NAME
BOYLE, EDWARD P III
STREET ADDRESS
14909 W COLONIAL DR
CITY-ST-ZIP
WINTER GARDEN FL**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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:

Robert J. Reiner **ROBERT J. REINER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 407-656-9766
Date Daytime Phone #

CR2E034 (12/95)