

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63673 (0)

1. Corporation Name
RELEXA, INC.

Principal Office (If Different)

**12670 NEW BRITTANY BLVD
STE 101
FORT MYERS FL 33906
US**

Mailing Address

**12670 NEW BRITTANY BLVD
STE 101
FORT MYERS FL 33906
US**

Effective Date of Report

3. Date of Report (If Different) **09/11/1992** 3a. Date of Report **04/22/1994**

4. Filing Number **65-0409127** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Director Campaign Financing ☐ **\$5.00 May Be Added to Fees**

6. Director Campaign Financing (If Applicable) ☒ **Yes** ☐ **No**

2. Other (If Different)

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2a. Mailing Address

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9. Name and Address of Current Registered Agent

**ROYSON, ROBERT D JR
12670 NEW BRITTAN BLVD
STE 101
FORT MYERS FL 33906**

10. Name and Address of New Registered Agent

81

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84

FL 85

11. I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and I am authorized by the corporation to execute this statement for the purpose of changing its registered agent.

SIGNATURE

12. Name and Address of Current Registered Agent

13. Name and Address of New Registered Agent

14. Name and Address of Current Registered Agent

15. Name and Address of New Registered Agent

16. Name and Address of Current Registered Agent

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53. Name and Address of New Registered Agent

54. Name and Address of Current Registered Agent

55. Name and Address of New Registered Agent

SIGNATURE: Willibald Schwarzmeyer - VP WILLIBALD SCHWARZMEYER 5-1-95 813 369-2989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. MONTGOMERY
Secretary of State
1000 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **V64412** (2)
FLORIDA MANAGEMENT SPECIALISTS, INCORPORATED

FILED
TALLAHASSEE, FLORIDA
JUN 1 1995
CLERK OF THE CIRCUIT COURT

Principal Office Address: 1100 OAKBRIDGE PARKWAY SUITE 167 LAKELAND FL 33803
Mailing Address: 1100 OAKBRIDGE PARKWAY SUITE 167 LAKELAND FL 33803

(Indicate which of the following)

3. Date of Incorporation or Qualification	3a. Date of Last Report
09/14/1992	04/26/1994
4. FID Number	Applied For / Not Applicable
59-3140228	
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 submitted for registration tax under the Florida Statutes.	
	Yes / No

2. Principal Office Address	2a. Mailing Address
21. City & State	26. City & State
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent
BAUER, DIANNA GAYLE
1100 OAKBRIDGE PARKWAY
SUITE 167
LAKELAND FL 33803

10. Name and Address of New Registered Agent
81. Name
82. Street Address, P.O. Box Number, Not Applicable
83.
84. City
85. State
86. Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office as reflected in the report on file in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am filing this statement with the Department of State, Tallahassee, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHERS
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. NAME 5. STREET ADDRESS 6. CITY & STATE 7. NAME 8. STREET ADDRESS 9. CITY & STATE 10. NAME 11. STREET ADDRESS 12. CITY & STATE 13. NAME 14. STREET ADDRESS 15. CITY & STATE 16. NAME 17. STREET ADDRESS 18. CITY & STATE 19. NAME 20. STREET ADDRESS 21. CITY & STATE	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. NAME 5. STREET ADDRESS 6. CITY & STATE 7. NAME 8. STREET ADDRESS 9. CITY & STATE 10. NAME 11. STREET ADDRESS 12. CITY & STATE 13. NAME 14. STREET ADDRESS 15. CITY & STATE 16. NAME 17. STREET ADDRESS 18. CITY & STATE 19. NAME 20. STREET ADDRESS 21. CITY & STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, that this corporation is in good standing under the laws of the State of Florida, and that the undersigned is duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in this report on file in the Department of State, Tallahassee, Florida.

SIGNATURE: *Dianna Gayle Bauer*
Note: This Corporation is still inactive.
4-30-95 6468253
0447014 FP

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

9-17-1995 10:45

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64646

(5)

1. Corporation Name

SPACE COAST CELLULAR INC.

2. Principal Office Location

**1525 E NORTH US HWY 1
COCOA FL 32922
US**

3. Mailing Address

**1525 E NORTH US HWY 1
COCOA FL 32922
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/16/1992	05/17/1994
4. Identification	5. Certificate of State Demand
59-2142158	☐ \$8.75 Additional Fee Required
6. Election Campaign Finance and	7. This corporation has liability for and accepts the fees for this report
☐ \$5.00 May Be Added to Fees	☐ Yes ☒ No

2. Principal Office Location

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2a. Mailing Address

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3. State App. #

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3a. State App. #

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4. State App. #

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4a. State App. #

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9. Name and Address of Current Registered Agent

**DIMOND, KENETH RAY
969 BAYWARD LANE
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address, P.O. Box Number, or Post Office	
83. City	
84. Zip	FL

11. The corporation hereby certifies that the information furnished in this report is true and correct to the best of its knowledge and belief, and that the corporation is not aware of any material misstatements or omissions in this report. The corporation also certifies that the information furnished in this report is true and correct to the best of its knowledge and belief, and that the corporation is not aware of any material misstatements or omissions in this report.

12. Signature

13. Signature

14. Signature

12. Signature	13. Signature	14. Signature
D	PRESIDENT	X
DIMOND, KENNETH RAY	VICE PRESIDENT	X
969 BAYWARD LANE	MILES JOHNSON	
ROCKLEDGE FL	807 POINCIANNA ST	
	ROCKLEDGE FL 32955	
	VICE PRESIDENT	X
	ANTHONY DIXON	
	1294 WINTER GREEN WAY	
	WINTER GARDEN FL 34787	

14. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am not aware of any material misstatements or omissions in this report. I am a director or officer of the corporation and I am responsible for the accuracy of the information furnished in this report.

SIGNATURE: *Kenneth R Dimond* **KENNETH R DIMOND** **5-1-95** **407-635-9364**