

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra E. Morsham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 20 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V64425 (4)**

1. Corporation Name  
**RELIABLE CRAFTSMEN, INC.**

Principal Place of Business Mailing Address  
**14220 68TH ST. NORTH POST OFFICE BOX 4156  
361 SEMMOLE FL 34642  
CLEARWATER FL 34624  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/11/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3142953		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GERMNO, MICHAEL  
827 E KOSTERMAN RD  
TARPON SPRINGS FL 34689**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANNESEN, GLENN	1.2 NAME	
STREET ADDRESS	6509 LENA DR.	1.3 STREET ADDRESS	7610 ISABELLA DR OPT G
CITY - ST - ZIP	SPRING HILL FL	1.4 CITY - ST - ZIP	PORT RATTLEY FL 34668
TITLE	VID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMNO, JAMES	2.2 NAME	
STREET ADDRESS	10010 61ST WAY NO.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenn Johannesen Glenn Johannesen President 4-15-95 813-393-9871