

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 199921 (8)

1. Corporation Name
THELMA C. RALEY INC.



Principal Place of Business: 505 AVE 'A' NW, STE 306, P O BOX 1112, WINTER HAVEN FL 33882
Mailing Address: 505 AVE 'A' NW, STE 306, P O BOX 1112, WINTER HAVEN FL 33882

3. Date Incorporated or Qualified: 02/13/1957
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-0846757
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 White 209 23 City & State 24 Zip 25 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 Suite 209 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RALEY, WILLIAM L
505 AVE 'A' NW, STE 306 209
WINTER HAVEN FL 33881

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: RALEY, THELMA C.	
STREET ADDRESS: 505 AVE 'A' NW, STE 306	
CITY - ST - ZIP: WINTER HAVEN FL	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: RALEY, WILLIAM L	
STREET ADDRESS: 505 AVE 'A' NW, STE 306	
CITY - ST - ZIP: WINTER HAVEN FL	
TITLE: STD	<input type="checkbox"/> DELETE
NAME: CAHOON, ALISON	
STREET ADDRESS: 505 AVE 'A' NW STE 306	
CITY - ST - ZIP: WINTER HAVEN FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: CLASS, DONNA K.	
STREET ADDRESS: 505 AVE 'A' NW, STE 306	
CITY - ST - ZIP: WINTER HAVEN FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: KIRTLEY, GEORGE	
STREET ADDRESS: 505 AVE 'A' NW, STE 306	
CITY - ST - ZIP: WINTER HAVEN FL	
TITLE: DIV	<input type="checkbox"/> DELETE
NAME: RALEY, WILLIAM L. JR.	
STREET ADDRESS: 505 AVE 'A' NW, STE 306	
CITY - ST - ZIP: WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	505 Ave A, NW Suite 209
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	505 Ave A, NW Suite 209
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	505 Ave A, NW Suite 209
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	505 Ave A, NW Suite 209
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	505 Ave A, NW Suite 209
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	505 Ave A, NW Suite 209
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alison G. Cahoon 4/22/96 941-294-7523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)