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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G91324** **(5)**

1. Corporation Name

RAYMOND DESIGN, INC.

Principal Place of Business	Mailing Address
1207 N HIMES AVE STE 1 TAMPA FL 33607 US	1207 N HIMES AVE STE 1 TAMPA FL 33607 US

3. Date Incorporated or Qualified: **03/14/1984**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business	21	5580 PACIFIC BLVD	
Suite, Apt. #, etc.	22	#520	
City & State	23	BOCA RATON, FL	
Zip / Country	24 / 25	33433 / USA	
2a. Mailing Address	26	5580 PACIFIC BLVD.	
Suite, Apt. #, etc.	27	#520	
City & State	28	BOCA RATON, FL	
Zip / Country	29 / 30	33433 / USA.	

4. FEI Number: **59-2421869** ☐ 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

9. Name and Address of Current Registered Agent

RAYMOND, DALE W.
3912 EMPEDRADO
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: RAYMOND, DALE W.
82 Street Address (P.O. Box Number is Not Acceptable): 5580 PACIFIC BLVD.
83 #520
84 City: BOCA RATON **FL** 85 Zip Code: 33433

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: Dale W. Raymond DALE W. RAYMOND 01-21-96
(Signature, Typed or Printed Name of Individual, and Capacity - Required) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAYMOND, DALE W. 3912 EMPEDRADO TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P RAYMOND, DALE W. 5580 PACIFIC BLVD. #520 BOCA RATON, FL 33433
				☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RAYMOND, ILEANA P 3912 EMPEDRADO TAMPA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ST RAYMOND, ILEANA P 5580 PACIFIC BLVD. #620 BOCA RATON, FL 33433
				☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Dale W. Raymond DALE W. RAYMOND PRES. 1-22-96 407 #043680660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Document Number #