FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CO. 1. Corporation Name P97000104564 (4)

RAYTUCK & COMPANY, INC. Principal Place of Business Malling Address 9 SW 13 STREET 9 SW 13 STREET FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/11/1997</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0798655 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JOHNSON, SEAN A 9 SW 13 STREET Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33315 83 84 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 fille if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE ☐ Change ☐ Addition TUCKER, JOHN NAME **588 SWEETWATER WAY E** STREET ADDRESS 1.3 STREET ADDRESS HAINES CITY FL 33844 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RYAN, DEBORAH A NAME 2.2 NAME **588 SWEETWATER WAY E** STREET ADDRESS 2.3 STREET ADDRESS HAINES CITY FL 33844 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME RYAN, JOYHN III 3.2 NAME **588 SWEETWATER WAY E** 3.3 STREET ADDRESS STREET ADDRESS HAINES CITY FL 33844 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 6.1 TITLE Change ☐ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recurrent testing empower of the course in Block 12 or Block 13 if changed, or or an appears in with an address.

SIGNATURE:

truck

7/98 954794-0404

FILED

May 12 1998 8:00am

Secretary of State