

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:50

DOCUMENT # **P94000011957 (5)**

1. Corporation Name
RASCORP, INC.

Principal Place of Business
**120 BAYBERRY ROAD
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**120 BAYBERRY ROAD
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/09/1984** 3a. Date of Last Report

2. Principal Place of Business
21 **2850 NORTH SIDE DR** 26 **2850 NORTH SIDE DR**

4. FEI Number **59 3227333** Applied For
Not Applicable

22 State Apt # etc

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

23 City & State **EUSTIS FL** 28 **EUSTIS FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32726** 25 **USA** 29 **32726** 30 **USA**

7. This corporation has liability for delinquency tax under § 190.010 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIEGRIST, RICHARD A
120 BAYBERRY ROAD
ALTAMONTE SPRINGS FL 32714**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2850 NORTH SIDE DR.
83
84 **EUSTIS FL** 85 **32726**

11. Pursuant to the provisions of Sections (07 0502 and 07 1500), 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 (07 0505), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SIEGRIST, STEPHEN A
STREET ADDRESS	8383 BRIERWOOD ROAD
CITY, STATE, ZIP	JACKSONVILLE FL 30027
TITLE	D
NAME	SIEGRIST, RICHARD A
STREET ADDRESS	120 BAYBERRY ROAD
CITY, STATE, ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

14 TITLE	D, P, T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME		
16 STREET ADDRESS		
17 CITY, STATE, ZIP		
18 TITLE	D, V, S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME		
20 STREET ADDRESS		
21 CITY, STATE, ZIP		
22 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
23 NAME	ELIZABETH C. SIEGRIST	
24 STREET ADDRESS	510 DOGWOOD VALLEY DR.	
25 CITY, STATE, ZIP	ATLANTA, GA. 30342	
26 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME		
28 STREET ADDRESS		
29 CITY, STATE, ZIP		
30 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME		
32 STREET ADDRESS		
33 CITY, STATE, ZIP		
34 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME		
36 STREET ADDRESS		
37 CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section (10 107) Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the residence or business address I have provided to complete this report as required by Chapter (07) Florida Statutes, and that my name appears in Block 12 of this filing.

SIGNATURE: **RICHARD A. SIEGRIST** 5/8/95 4072922966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR