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 # J58067 (6)

1. Corporation Name

RAECO OF OCALA, INC.

Principal Place of Business
3927SW 89TH AVENUE
OCALA FL 33481
US

Mailing Address
PO BOX 6419
OCALA FL 34478
US

3. Date Incorporated or Qualified 02/13/1987	3a. Date of Last Report 03/24/1995
4. FEI Number 59-2775438	☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
Zip 24
Country 25

2a. Mailing Address
26 P.O. Box 170119
Suite, Apt. #, etc.
27
City & State
28 Ocala, FL
Zip
29 34477-0119
Country 30

9. Name and Address of Current Registered Agent

SCHAD, CYNTHIA R
3927 S.W 89TH AVE.
OCALA FL 34481

10. Name and Address of New Registered Agent

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 ____________________ DATE ____________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	☐ DELETE	1.1 TITLE	PV	☑ Change ☐ Addition
NAME	SCHAD, CYNTHIA R.		1.2 NAME		
STREET ADDRESS	3927 SW 89 AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	OCALA FL 34481		1.4 CITY - ST - ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	Schad, Bram M.		2.2 NAME		
STREET ADDRESS	3927 SW 89 Avenue		2.3 STREET ADDRESS		
CITY - ST - ZIP	Ocala FL 34481		2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia R. Schad Cynthia R. Schad 4/18/96 (352) 237-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)