

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 199921

**FILED**  
**Mar 07, 2018**  
**Secretary of State**  
**CC0626374835**

**Entity Name:** THELMA C. RALEY INC.

**Current Principal Place of Business:**

505 AVENUE A, NW  
SUITE 209  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

P.O. BOX 1112  
WINTER HAVEN, FL 33882 US

**FEI Number: 59-0846757**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RALEY, JR., WILLIAM L  
505 AVENUE A, NW  
SUITE 209  
WINTER HAVEN, FL 33881 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ST  
Name TAYLOR, ALISON  
Address 505 AVE A, NW STE 209  
City-State-Zip: WINTER HAVEN FL

Title D  
Name CLASS, DONNA K  
Address 505 AVENUE A, NW  
SUITE 209  
City-State-Zip: WINTER HAVEN FL 33881

Title VD  
Name KIRTLEY, GEORGE  
Address 505 AVE A, NW STE. 209  
City-State-Zip: WINTER HAVEN FL

Title PD  
Name RALEY, WILLIAM L. JR.  
Address 505 AVE A, NW STE 209  
City-State-Zip: WINTER HAVEN FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALISON TAYLOR**

**SEC/TREAS**

**03/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date