FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:44

DOCUMENT # 211027 (8)

1. Corporation Name
RAYNOR CO.

Principal Place of Business	Mailing Address
9111 130TH AVE., NORTH LARGO FL 34643	9111 130TH AVE., NORTH LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1958
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-0834502	Applied For / Not Applicable
21 9648 W. RIVERCOVE PLACE	26 9648 W. RIVERCOVE PLACE		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: HOMOSASSA FL	28 City & State: HOMOSASSA, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 34448 / 25 Country: CITRUS	29 Zip: 34448 / 30 Country: CITRUS	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

RAYNOR, DOUGLAS C
9111 130TH AVE N.
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name: DOUGLAS C RAYNOR
82 Street Address (P.O. Box Number is Not Acceptable): 9648 W. RIVERCOVE PLACE
83
84 City: HOMOSASSA FL 85 Zip Code: 34448

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] 2-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☒ Addition
NAME	RAYNOR, ANITA J	1.2 NAME	
STREET ADDRESS	9648 W. RIVER COVE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	34448
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	RAYNOR, DOUGLAS C. SR.	2.2 NAME	
STREET ADDRESS	9648 W. RIVER COVE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	34448
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	DENNARD, ROBERT L. SR.	3.2 NAME	
STREET ADDRESS	1545 OAK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARATER FL	3.4 CITY-ST-ZIP	34624
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(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 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: [signature] 2-8-95 904-628-4429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0302007 CP