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

FILED May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)240458 RAKER CORPORATION Principal Place of Business Mailing Address 7718 HOLIDAY DRIVE 7719 HOLIDAY DRIVE SARASOTA FL 34231-2396 SARASOTA FL 34231-2396 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1960 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 59-0908912 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zφ This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCNEILL, HAROLD L 7719 HOLIDAY DRIVE Ř2 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 84 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE D 1.1 THILE MORRIS, RUTH NAME 1.2 NAME 2801 ROSSER ROAD STREET ADDRESS 1.3 STREET ADDRESS SANFORD, NC-00000-27330 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE MCNEILL, HAROLD L 2.2 NAME NAME Zince 908-NORMANDY-TRACE RD. C. & S. STREET ADDRESS 2.3 STREET ADDRESS tampa fl CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME MCNEILL, PRENTISS L. 3.2 NAME APT L 204 4201 E MONTE VISTA DRIVE 3.3 STREET ADDRESS STREET ADDRESS 85712 CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE ☐ Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE ☐ Change TITLE

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 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.

6.4 CITY - ST - ZIP

**6.3 STREET ADDRESS** 

6.2 NAME

NAME

STREET ADORESS

CITY-ST-ZIP