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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 240458



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90225 032 ***150.00

. Corporation Name	ļ
RAKER CORPORATION	
	I CORDO HOM DECO DESTINACION DISCUSSI SI

Principal Place	e of Business	Mailing Addre	ess -				i indică șirii dinit Raiși Alani	# { Q (Q)		PIBNI BEBUI IBDI
7719 HOLIDAY DRIVE 7719 HOLIDAY DRIVE										
SARASOTA FL 34231-2396 SARASOTA FL 34231-2396										
	•					L	DO NOT WE		SPACE	
						ŀ	3. Date Incorporated or Qualifed)		
		1.0. 44-70	44				09/22/1960			
	lace of Business	2a. Mailing A	aaress				4. FEI Number		<u> </u>	plied For
21	# -1-	26 Suite Ant	- #				59-0908912			t Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.				5. Certifcate of Status Desired		\$8.75 / Fee Re	
City & State		[27] City & Sta								
City & State		— ´	ite				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	28 Zip		Country		<u> </u>				o rees
·		29	<u>-</u>	- ·		- 1	8. This corporation owes the cur	rrent year int	angible □Yes	□No
24	9. Name and Address of Curren		30	<u> </u>		- 4	Personal Property Tax. O. Name and Address of New	Registered		
	5. Name and Address of Curren	it Kegistered Agei		81	Name		to Hame and Address of New	registered	Agent .	
MCN	ieill, harold l									
	HOLIDAY DRIVE			82	Street /	Address	(P.O. Box Number is Not Accep	table)		
	ASOTA FL 34231			83		·-·				
				0.5						
				84	City			FL	85 Zip (Code
dd Dimeriant	to the providing of Continue 607 050	2 and 607 1509 El	lavida Ctatutas	455			ing submits this statement for th		shansian ita	rapistared
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such ch	ange was auth	norized by	the corpo					
agent. I a	m familiar with, and accept the obligation	tions of, Section 60	07.0505, Florida	a Statutes	•					
SIGNATURE										
12.	Signature, typed or printed name of registered ager	D DIRECTORS	(NOTE: Re	agistered Agen	t signature re	equired whe	en reinstating) ADDITIONS/CHANGES TO O	DATE ECICEDS AN	ID DIRECTO	DC IN 12
TITLE	D .		DELETE			ı	ADDITIONS/CHANGES TO C	FFICERS AN	Change	
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NAME	MORRIS, RUTH		_	1.2 NAME	4000500] Criange	Addition
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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, with all other like empowered.

SIGNATURE

Jack Signature and typeg of Printed Name of Signing Officer or prector

4-27-79 (941)966-3691

R2F034 (11/9)