ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 316907 (5)

1. Corporation Name
RAYHAN, INC.

Principal Place of Business	Mailing Address
1514 NE 3RD ST OCALA FL 34470	P.O. BOX 70376 OCALA FL 34470

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/17/1967
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 2260 NE 39TH ST
22: Suite, Apt. #, etc.
23: City & State: OCALA FL
24: Zip: 34479
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-1165710 ☐ 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

9. Name and Address of Current Registered Agent

CLEMMONS, W. ELTON
305 SE 1ST AVENUE
OCALA FL 34471

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	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	SEABORN M. HUNT	1.2 NAME	
STREET ADDRESS	2600 SE 17TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	SHEPPARD, WILLIAM	2.2 NAME	
STREET ADDRESS	3500 NE SILVER SPRINGS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 33470	2.4 CITY-ST-ZIP	
TITLE	DPT	3.1 TITLE	☐ Change ☐ Addition
NAME	CLEMMONS, W. ELTON	3.2 NAME	
STREET ADDRESS	3052 SE 1ST AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	3.4 CITY-ST-ZIP	
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 added with an address.

SIGNATURE: W. Elton Clemmons 4/20/95 904-351-4919
SIGNATURE required on PRINTED NAME of MANAGING OFFICER or DIRECTOR — Date — Daytime Phone #

W. ELTON CLEMMONS

0487A4 EP