

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **338786** (7)
1. Corporation Name
RAY ROUTH, INC.



Principal Place of Business: **1502 N. LIME AVENUE P.O. BOX 4067 SARASOTA FL 34230**
Mailing Address: **1502 N. LIME AVENUE P.O. BOX 4067 SARASOTA FL 34230**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **12/12/1968**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-1231809**
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
**ROUTH, RAY
6841 PORTER RD
SARASOTA, FL
34240**

10. Name and Address of New Registered Agent
81 Name: **ROUTH, ROSIE**
82 Street Address (P.O. Box Number is Not Acceptable): **6841 PORTER RD**
83
84 City: **SARASOTA,** FL 85 Zip Code: **34240**

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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 607.070, Florida Statutes.

SIGNATURE: *Rosie Routh* ROSIE ROUTH Date: **4/4/96**

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROUTH, ROSIE	
STREET ADDRESS	6841 PORTER RD	
CITY, ST, ZIP	SARASOTA, FL 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARY, JACKSON	
STREET ADDRESS	4226 PASADENA CIRCLE	
CITY, ST, ZIP	SARASOTA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROUTH, RAY JR.	
STREET ADDRESS	RT 2 BOX 332V	
CITY, ST, ZIP	SARASOTA, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROUTH, RAY	
STREET ADDRESS	6841 PORTER RD	
CITY, ST, ZIP	SARASOTA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTH, ROSIE
STREET ADDRESS	6841 PORTER RD
CITY, ST, ZIP	SARASOTA, FL 34240
S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GARY
STREET ADDRESS	4226 PASADENA CIRCLE
CITY, ST, ZIP	SARASOTA, FL 34233
T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUTH, SCOTT
STREET ADDRESS	5406 MINK RD
CITY, ST, ZIP	SARASOTA, FL 34235
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(4)(a), Florida Statutes. I further certify that the information indicated on this form is true and correct 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 individual 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 (changed or omitted) in front with an address.

SIGNATURE: *Rosie Routh* ROSIE ROUTH 4/4/96 (941) 366-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)