FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
FILED
[illegible] 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 407884 (6)

1. Current Name
RAY'S SHOWCASE, INC.

Principal Place of Business
18350 US 19 N.
CLEARWATER FL 34624

Mailing Address
18350 US 19 N.
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1972
3a. Date of Last Report: 04/14/1994

2. Former Name of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 Country 25 Zip 29 Country 30

4. FEI Number: 59-1427176 ☐ 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

GRIFFIN, DAVID W.
401 S. LINCOLN AVE.
CLEARWATER FL 34616

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 I hereby agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	TITLE	PD ☒ Change ☐ Addition
NAME	LETTRE, STEVEN R.	NAME	
STREET ADDRESS	2508 SPINAKER COURT	STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR FL	CITY, ST, ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	LETTRE, JOSEPH A.	NAME	
STREET ADDRESS	1727 87TH TERRACE	STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG, FL 0	CITY, ST, ZIP	
TITLE	VC	TITLE	☒ Change ☐ Addition
NAME	LETTRE, RAYMOND A	NAME	
STREET ADDRESS	6080 COECHESTER DR	STREET ADDRESS	9265 Ashley Drive
CITY, ST, ZIP	SPRING HILL FL	CITY, ST, ZIP	Weeki Wachee, FL 34613
TITLE	AS	TITLE	☒ Change ☐ Addition
NAME	LETTRE, RAYMOND A.	NAME	
STREET ADDRESS	6080 COECHESTER DR	STREET ADDRESS	9265 Ashley Drive
CITY, ST, ZIP	SPRING HILL FL	CITY, ST, ZIP	Weeki Wachee, FL 34613
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, updated, formatted and does not qualify for the mandatory dissolution pursuant to Section 607.1901, Florida Statutes. Further, I am aware that pursuant to this annual report, a supplemental annual report, financial statements and that my signature shall have the same legal effect or force under oath as if I had signed the original document. The issuance of Broker approval to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached amendment, or on an attached addendum.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 813-535-1414
Telephone Number

0059475 CP