

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **407884** (6)
1. Corporation 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

2. Principal Place of Business 21 2340 S.R. 580 Suite, Apt. #, etc. 22 Suite M City & State 23 Clearwater FL Zip 24 33763		2a. Mailing Address 26 2340 S.R. 580 Suite, Apt. #, etc. 27 Suite M City & State 28 Clearwater FL Zip 29 33763		3. Date Incorporated or Qualified 08/30/1972	
		4. FEI Number 59-1427176		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTRE, STEVEN R.	1.2 NAME	
STREET ADDRESS	2506 SPINAKER COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTRE, JOSEPH A.	2.2 NAME	
STREET ADDRESS	1727 87TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 0	2.4 CITY-ST-ZIP	
TITLE	VC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTRE, RAYMOND A	3.2 NAME	
STREET ADDRESS	9265 ASHLEY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEEKIE WACHEE FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTRE, RAYMOND A.	4.2 NAME	
STREET ADDRESS	9265 ASHLEY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEEKIE WACHEE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

[Signature]

[Signature]

4-27-2014

CR2E034 (10/97)