

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **409551 (9)**
1. Corporation Name
GEORGE RAYNARD CORPORATION



Principal Place of Business: **438 CRAIG DRIVE PO BOX 1028 TARPON SPRGS FL 34688-1028 US**
Mailing Address: **438 CRAIG DRIVE PO BOX 1028 TARPON SPRGS FL 34688-1028 US**

3. Date Incorporated or Qualified: **09/27/1972**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-1437758**
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

2. Principal Place of Business: 21 Subst. Apt. #, etc.; 22 City & State; 23 Zip, Country
2a. Mailing Address: 26 Subst. Apt. #, etc.; 27 City & State; 28 Zip, Country
24, 25, 29, 30

9. Name and Address of Current Registered Agent
**RAYNARD, GEORGE H
438 CRAIG DRIVE
TARPON SPRINGS, FL FL 34688**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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: _____ (Name of Registered Agent) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAYNARD, GEORGE H	
STREET ADDRESS	P.O. BOX 1028 N/A	
CITY, ST, ZIP	TARPON SPGS, FL 00000 34688-1028	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RAYNARD, BEATRICE L.	
STREET ADDRESS	438 CRAIG DR., PO BX 1028 N/A	
CITY, ST, ZIP	TARPON SPRINGS FL 34688-1028	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAMEY, GAIL R.	
STREET ADDRESS	BOX 94	
CITY, ST, ZIP	CANDLER FL 32111	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *Beatrice L. Raynard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BEATRICE L. RAYNARD

1/26/96 DATE
(813) 937-9340 OFFICIAL PHONE #

CR2E034 (12/95)