

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandia B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **631050** (2)

1. Corporation Name  
**JACK W. RAINFORD AND SONS, INC.**



Principal Place of Business: **3641 N E 36TH AVE, OCALA FL 34479, US**  
Mailing Address: **3641 N E 36TH AVE, OCALA FL 34479, US**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>07/27/1979</b>		<b>03/28/1995</b>
4.	FLI Number	Applied For	
	<b>59-1960594</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10.	Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

**RAINFORD, JACK WARREN  
11125 S.E. SUNSET HARBOR ROAD  
SUMMERFIELD FL 32691**

81	Name
82	Street Address (P.O. Box Number Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1509, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Sections 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>RAINFORD, JACK WARREN</b>	
STREET ADDRESS	<b>11125 SE SUNSET HRBR RD</b>	
CITY-STATE-ZIP	<b>SUMMERFIELD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(g), Florida Statutes. I further certify that the information indicated in 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, or someone deemed to execute this report as provided by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) or in a different block with an address.

SIGNATURE: *Jack W. Rainford* 4-3-96 (352) 732-8788  
 NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JACK W. RAINFORD**

CR2E034 (12/95)