FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 681381 (0)

1\. RAYNET, INC.

Principal Place of Business: 4674 HIDDEN RIVER RD, C/O RAY BLACKMAN, SARASOTA FL 34240

Mailing Address: 4674 HIDDEN RIVER RD, C/O RAY BLACKMAN, SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

3\. Date Incorporated or Qualified: 08/07/1980

3a. Date of Last Report: 06/14/1994

4\. FEI Number: 59-2017453 ☐ Applied For ☐ Not Applicable

2\. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

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	10. Name and Address of New Registered Agent
BLACKMAN, RAY 4674 HIDDEN RIVER RD. SARASOTA FL 34240	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 ______

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BLACKMAN, RAY
STREET ADDRESS	4674 HIDDEN RIVER RD
CITY-ST-ZIP	SARASOTA FL
TITLE	ST
NAME	BLACKMAN, ANNETTE
STREET ADDRESS	4674 HIDDEN RIVER RD
CITY-ST-ZIP	SARASOTA FL

13\. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

14\. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: Annette Blackman, Secretary 5/3/95 (813) 322-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ANNETTE BLACKMAN — DATE — DAYTIME PHONE

0344456 CF