## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 18, 2004 8:00 am **Secretary of State** DOCUMENT # F93000003385 1. Entity Name 03-18-2004 90017 010 \*\*\*150.00 RAYCOM NATIONAL, INC. Principal Place of Business Mailing Address 210 MONROE ST 210 MONROE ST 20TH FL MONTGOMERY AL 36104 MONTGOMERY AL 36104 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 34-1743761 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM ----Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Change Addition ☐ Delete NAME MCTEAR, PAUL H JR NAME 201 MONROE ST 20TH FL STREET ADDRESS STREET ADDRESS MONTGOMERY AL 36104 CITY-ST-ZIP CITY-ST-ZIP VS ☐ Delete ☐ Change ☐ Addition TITLE TITLE BRYAN, REBECCA NAME NAME STREET ADDRESS 201 MONROE ST 20TH FL STREET ADDRESS CITY-ST-ZIP MONTGOMERY AL 36104 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME FRAPP, MELISSA D Thurber, Melissa D STREET ADDRESS 201, MONROE ST-20TH FL STREET ADDRESS CITY-ST-ZIP MONTGOMERY AL 36104 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE SPINOLA, JOHN NAME NAME 201 MONROE ST 20TH FL STREET ADDRESS STREET ADDRESS MONTGOMERY AL 36104 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #