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

CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachrpent Will



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 16 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400002496 (7)

MEL-RAY INDUSTRIES, INC.

Principal Place of Business Mailing Address HWY 17 & UNION AVE RT 1. BOX 146 CRESCENT CITY FL 32112 CRESCENT CITY FL 32112 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1994 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 Rt. 3, Box 146 58-1826725 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Crescent City, Florida Trust Fund Contribution 23 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 32112 US X Yes 24 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SINGLETON, RAYMOND Singleton, Raymond
Street Address (P.O. Box Number is Not Acceptable) RT 1, BOX 146 82 CRESCENT CITY FL 32112 Rt. 3. Box 146 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE حا Change CPT SINGLETON, RAYMOND NAME 1.2 NAME Singleton, Raymond RT. 1 BOX 146 STREET ADDRESS 1.3 STREET ADDRESS Rt. 3, Box 146 CRESCENT CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Crescent City, F1 32112 DELETE Change 2.1 TITLE TITLE SINGLETON, MELISSA 2.2 NAME NAME Singleton, Melissa RT.1 BOX 146 2.3 STREET ADDRESS STREET ADDRESS Rt. 3, Box 146 CRESCENT CITY FL City-St-ZiP 2 4 CITY-ST-7IP Crescent City, F1 32112 Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CiTY+ST+ZiP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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