FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:59

DOCUMENT # **G86436** **(4)**

1. Corporation Name
GREG RAVENSCROFT ENTERPRISES, INC.

Principal Place of Business
% GREGORY A. RAVENSCROFT
1440 S. BLUE ANGEL PKWY.
PENSACOLA FL 32506

Mailing Address
5580 LEEWSWAY BLVD.
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/27/1984**
3a. Date of Last Report: **11/01/1994**

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

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

4. FEI Number: **59-2418579** ☐ 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

9. Name and Address of Current Registered Agent

RAVENSCROFT, GREGORY A.
1440 S. BLUE ANGEL PKWY.
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1E	☐ Change ☐ Addition
NAME	RAVENSCROFT, GREGORY A.	1E	
STREET ADDRESS	5580 LEESWAY BLVD	EET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	-ST-ZIP	
TITLE		2E	☐ Change ☐ Addition
NAME		2E	
STREET ADDRESS		ET ADDRESS	
CITY-ST-ZIP		-ST-ZIP	
TITLE		3E	☐ Change ☐ Addition
NAME		3E	
STREET ADDRESS		EET ADDRESS	
CITY-ST-ZIP		-ST-ZIP	
TITLE		E	☐ Change ☐ Addition
NAME		E	
STREET ADDRESS		ET ADDRESS	
CITY-ST-ZIP		-ST-ZIP	
TITLE		E	☐ Change ☐ Addition
NAME		E	
STREET ADDRESS		ET ADDRESS	
CITY-ST-ZIP		ST ZIP	
TITLE		E	☐ Change ☐ Addition
NAME		E	
STREET ADDRESS		ET ADDRESS	
CITY-ST-ZIP		-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished as not qualify for the exemption stated in Section 110.07(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 and 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: _____ 5 April '95 904-476-9159
NAME AND TYPED OR PRINTED TITLE OF SIGNING OFFICER OR D Date Daytime Phone #

0000003 CP