

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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 LEESWAY BLVD.
PENSACOLA FL 32504-8422**



2. Principal Place of Business

21 **5580 Leesway Blvd**

Suite, Apt. #, etc.

22 **Pensacola FL**

City & State

23

Zip

24 **32504**

Country

25 **US**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/27/1984

3a. Date of Last Report

02/09/1996

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

RAVENSCROFT, GREGORY A.

82 Street Address (P.O. Box Number is Not Acceptable)

5580 Leesway Blvd.

83

Pensacola

84 City

FL

85 Zip Code

32504

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

8 JAN 97

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **RAVENSCROFT, GREGORY A.**
STREET ADDRESS **5580 LEESWAY BLVD**
CITY - ST - ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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 summary 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 JAN 97

Date

904 476 9159

Daytime Phone #

CR2E034 (9/96)