

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

APPROVED
AND
FILED

95 MAR -3 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H40975 (5)

1. Corporation Name
RAW, INC.

Principal Place of Business
4818 CORONADO PKWY.
CAPE CORAL FL 33904

Mailing Address
4818 CORONADO PKWY.
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/05/1985	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2525759	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. 190.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

SIMON, RONALD S.
1342 COLONIAL BLVD., SUITE 22
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 of registered agent or principal officer and the registered agent

NOTE: Registered Agent signature required when the following

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD SPRENG, JENNIFER	13.1 TITLE	☐ Change ☐ Addition
12.2 STREET ADDRESS	4818 CORONADO PKWY	13.2 NAME	
12.3 CITY - ST - ZIP	CAPE CORAL FL	13.3 STREET ADDRESS	
12.4 CITY - ST - ZIP		13.4 CITY - ST - ZIP	
12.5 NAME	ST RAFFERTY, SHERYL	13.5 TITLE	☐ Change ☐ Addition
12.6 STREET ADDRESS	4818 CORONADO PARKWAY	13.6 NAME	
12.7 CITY - ST - ZIP	CAPE CORAL FL	13.7 STREET ADDRESS	
12.8 CITY - ST - ZIP		13.8 CITY - ST - ZIP	
12.9 NAME		13.9 TITLE	☐ Change ☐ Addition
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY - ST - ZIP		13.11 STREET ADDRESS	
12.12 CITY - ST - ZIP		13.12 CITY - ST - ZIP	
12.13 NAME		13.13 TITLE	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY - ST - ZIP		13.15 STREET ADDRESS	
12.16 CITY - ST - ZIP		13.16 CITY - ST - ZIP	
12.17 NAME		13.17 TITLE	☐ Change ☐ Addition
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY - ST - ZIP		13.19 STREET ADDRESS	
12.20 CITY - ST - ZIP		13.20 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(k), Florida Statutes. I further certify that the information included 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 affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2/27/95 813-542-8999