

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H83607 (2)

1. Corporation Name

RAY CUSTOM CONSTRUCTION COMPANY, INC.



Principal Place of Business

Mailing Address

~~56 CRYSTAL RIVER DR~~ 235 S. Orlando Ave. #4
COCOA BCH. FL 32931

~~56 CRYSTAL RIVER DR~~ 235 S. Orlando Ave. #4
COCOA BCH. FL 32931

2. Principal Place of Business

2a. Mailing Address

21 235 S. Orlando Ave. CB.

26 235 S. Orlando Ave.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 #4

27 #4

24 City & State

28 City & State

25 Cocoa Beach

28 Cocoa Beach

26 Zip

29 Zip

27 32931

29 32931

28 Country

30 Country

29 Broward

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, CLIFFORD, S
~~56 CRYSTAL RIVER DR~~ 235 S. Orlando Ave. #4
COCOA BCH. FL 32931

81 Name RAY, CLIFFORD RAY
82 Street Address (P.O. Box Number is Not Acceptable)
235 S. Orlando Ave.
83 #4
84 City Cocoa Beach FL 85 Zip Code 32931

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P
2. NAME RAY, CLIFF
3. STREET ADDRESS ~~56 CRYSTAL RIVER DR~~ 235 S. Orlando Ave. #4
4. CITY-ST-ZIP COCOA BCH. FL
5. TITLE V
6. NAME RAY, MARIA
7. STREET ADDRESS ~~56 CRYSTAL RIVER DR~~ 235 S. Orlando Ave. #4
8. CITY-ST-ZIP COCOA BCH. FL
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
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95. 24.3 STREET ADDRESS
96. 24.4 CITY-ST-ZIP
97. 25.1 TITLE
98. 25.2 NAME
99. 25.3 STREET ADDRESS
100. 25.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96

407-784-0179

CR2E034 (12/95)