

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90088 036 \*\*\*150.00

DOCUMENT # H83607

1. Corporation Name

RAY CUSTOM CONSTRUCTION COMPANY, INC.

Principal Place of Business

~~205 S. ORLANDO AVE. #4~~ 106 South 3rd St  
COCOA BCH. FL 32931

Mailing Address

~~205 S. ORLANDO AVE. #4~~ 106 South 3rd St.  
COCOA BCH. FL 32931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/30/1985

4. FEI Number

59-2591167

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 owes the current year intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RAY, CLIFFORD, S  
235 S. ORLANDO AVE. #4  
COCOA BCH. FL 32931

10. Name and Address of New Registered Agent

81 Name

RAY CLIFFORD, S

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

106 South 3rd St.

83

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

TITLE P ☐ DELETE

NAME RAY, CLIFF

STREET ADDRESS ~~205 S. ORLANDO AVE. #4~~

CITY-ST-ZIP ~~COCOA BCH. FL 32931~~

TITLE V ☐ DELETE

NAME RAY, MARIA

STREET ADDRESS ~~205 S. ORLANDO AVE. #4~~

CITY-ST-ZIP ~~COCOA BCH. FL 32931~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Ray Clifford ☐ Change ☐ Addition

1.2 NAME 106 South 3rd St.

1.3 STREET ADDRESS COCOA BEACH FL 32931

1.4 CITY-ST-ZIP

2.1 TITLE RAY MARIA ☐ Change ☐ Addition

2.2 NAME 106 S. 3rd St.

2.3 STREET ADDRESS COCOA BEACH FL 32931

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/99 407 784-0179

CR2E034 (11/98)

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