

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J58067 (6)

1. Corporation Name

RAECO OF OCALA, INC.



Principal Place of Business

3927SW 89TH AVENUE  
OCALA FL 33481  
US

Mailing Address

PO BOX 6419  
OCALA FL 34478  
US

3. Date Incorporated or Qualified

02/13/1987

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 170119

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

OCALA, FL

29

34477-0119

30

Country

4. FEI Number

59-2775438

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

SCHAD, CYNTHIA R  
3927 S.W. 89TH AVE.  
OCALA FL 34481

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

Signature typed or printed here (Street, P.O. Box, and state if applicable) (DATE Registered Agent signature expires, when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVT ☐ DELETE

NAME SCHAD, CYNTHIA R.  
STREET ADDRESS 3927 SW 89 AVENUE  
CITY-ST-ZIP OCALA FL 34481

TITLE ☐ DELETE

NAME Schad, Bram M.  
STREET ADDRESS 3927 SW 89 AVENUE  
CITY-ST-ZIP OCALA FL 34481

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. TITLE PVT ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2. TITLE ☐ Change ☒ Addition

21 NAME  
22 STREET ADDRESS  
23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME  
32 STREET ADDRESS  
33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME  
42 STREET ADDRESS  
43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME  
52 STREET ADDRESS  
53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME  
62 STREET ADDRESS  
63 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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:

Cynthia R. Schad  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia R. Schad

4/18/96

(352) 237-1225  
DATE Captain's Phone #

CR2E034 (12/95)