

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:11

DOCUMENT # **J95466** (5)

1. Corporation Name

HUGH RAWLS, INC.

Principal Place of Business

**2995 RUSS STREET
MARIANNA FL 32446**

Mailing Address

**2995 RUSS STREET
MARIANNA FL 32446**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/25/1987

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2896235

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

6. This corporation has liability for intangibles tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**RICHARDSON, JAMES J.
P.O. BOX 12669
IAMONIA FARMS ROAD
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

01

Name

RAWLS, HUGH M.

02

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

2995 RUSS ST.

03

04

City

MARIANNA

FL

85

Zip Code

32446

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

Hugh M. Rawls

(Signature of registered agent required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DP

RAWLS, HUGH

2995 RUSS ST.

MARIANNA FL 32446

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DST

RAWLS, KATHERINE D.

2995 RUSS ST.

MARIANNA FL 32446

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Katherine D. Rawls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHERINE D. RAWLS

D/S/H