FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

APPROVED AND FILED

97 MAY -2 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K05183** **(4)**

1. Corporation Name
ROY RAKER, P.A.

Principal Place of Business
1020 E. LAFAYETTE ST.
NO. 208
TALLAHASSEE FL 32301
US

Mailing Address
1020 E. LAFAYETTE ST.
NO. 208
TALLAHASSEE FL 32301-4552
US

3. Date Incorporated or Qualified: **11/28/1987**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 1311-A Paul Russell Road
Suite, Apt. #, etc.
22 102
City & State
23 Tallahassee FLA
Zip
24 32301
Country
25 LEON

2a. Mailing Address
26 P.O. Box 3968
Suite, Apt. #, etc.
27
City & State
28 Tallahassee FLA
Zip
29 32315
Country
30 LEON

4. FEI Number: **59-2856577** ☐ 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
RAKER, CLARENCE L.
1020 E. LAFAYTEET ST.
NO. 28
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 217 John Knox Road Suite 200
83 ~~P.O. Box 3968~~ (32315)
84 City Tallahassee FL
85 Zip Code 32303

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 Clarence L. Raker Clarence L. Raker 4/25/97
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	PSTD	☐ DELETE
NAME	RAKER, ROY	
STREET ADDRESS	1020 E. LAFAYETTE ST., NO. 208	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1311-A Paul Russell Rd, Suite 200 ~~P.O. Box 3968~~	
1.4 CITY-ST-ZIP	Tallahassee, FLA 32315	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
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 do 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.

SIGNATURE: Clarence L. Raker 4/25/97 (904) 878-4589

CR2E034 (9/96)