SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT

1995 7-3-95 B-76362-C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:16

DOCUMENT # K27295 (0)

1. Corporation Name

RAYAN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
% ANNE BOYD 11047 SR 52 HUDSON FL 34669	% ANNE BOYD 11047 SR 52 HUDSON FL 34669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1968
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 10940 SR 52
22: Suite, Apt. #, etc
23: City & State: Hudson FL
24: Zip: 34669
25: Country: USA

2a. Mailing Address
26: 10940 SR 52
27: Suite, Apt. #, etc
28: City & State: Hudson FL
29: Zip: 34669
30: Country: USA

4. FEI Number: 59-2961476 ☐ 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

BOYD, ANNE
11047 SR 52
HUDSON FL 34669

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10940 SR 52
83
84 City: Hudson FL FL 85 Zip Code: 34669

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: Anne Marie Boyd Anne Marie Boyd / PRES. 6/9/95
(Typed or printed name of person signing) (Title if applicable) (Date)
(Registered Agent signature required on new filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BOYD, ANNE	1.2 NAME	Anne Boyd
STREET ADDRESS	11047 SR 52	1.3 STREET ADDRESS	10940 SR 52
CITY ST ZIP	HUDSON FL	1.4 CITY ST ZIP	Hudson FL 34669
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Anne Marie Boyd Anne Marie Boyd / Pres 6/9/95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Date)

813856-2526
(Daytime Phone Number)

0110001 CP