SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUB-ON-OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 SEP 19 MIII: 27 DOCUMENT # K27295 (0)SECRE VINE DE STATE TALLAHASSEE, FLORID RAYAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 10940 SR 52 10940 SR 52 11047 SR 52 11047 SR 52 DO NOT WRITE IN THIS SPACE HUDSON FL 34669 HUDSON FL 34669 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1988 07/17/1996 FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 21 26 59-2961476 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes ☐ No 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name BOYD, ANNE 10940 SR 52 82 Street Address (P.O. Box Number is Not Acceptable) HUDSON FL 34669 83 84 City 85 Zip Code FL 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, typod or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (4/97)DELETE Change Addition TITLE 1.1 100 **BOYD, ANNE** NAME 1.2 NAME 10940 SR 52 1.3 STREET ADDRESS STREET ADDRESS **HUDSON FL** CITY-ST-ZIP 1.4 CITY - S1 - ZIP DLIETE \_\_\_ Change TITLE 2.1 TITLE Acdition 500002300915----09/23/97--01047--024 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 CITY-ST-ZIP 2.4 CHY-S1-7IP DELETE Change Addition TITLE 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - S1 - ZIP TITLE DELETE Change Addition 4.1 WILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP ☐ Change DELETE Add:tion TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change noilitbA ... TITLE 6.1 TILLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 7IP 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 eath; that I am an officer or director of the corporation or the receiver or trustee eropowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

al Illan

Bit changed, or on an attachment with an address.

appears in Block 12 or Block 13 if