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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

K51074

(8)

RAYJOF, INC.

	_, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Principal Place o	of Business	Mailing Address				# IDDIANIL AND MINES REGIS CORPUS AND	II AIDI AIDIE DIEN D	(BI) BIBI) (BEBIL ANGEL HADI
781 SPRING LAKE DRIVE DESTIN FL 32541 781 SPRING LAKE DRIVE DESTIN FL 32541									
						 Date incorporated or Qualified 12/13/1988 	3a. Date of 02/0	Last Re 07/199	
2. Principal Plac	ce of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number	Applied For		
1		26	26			63-0857799 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
7(p)	Country Zip 25 29		⊢ −	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
241	9. Name and Address of Cu			10. Name and Address of New Registered Agent					
				81	Name				
ABRELL, RAY 781 SPRING LAKE DRIVE DESTIN FL 32541				82 83	Street Add	lress (P.O. Box Number is Not Acceptal	ble)		
DESTIN	FL 32941			84	City		FL	85 Zip	Code
or register€ familiar with	ed agent, or both, in the State of h, and accept the obligations of,	Florida. Such change was a Section 607.0505, Florida S	Statutes, the authorized by statutes.	above- the corp	named corpo poration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	JOHANION AS 16	ing its re gistered	egistered office agent. I am
					nt signature requir	ed when reinstating)	DATE.	DEOTO	DO #1140
12.	OFFICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		Change	Addition
T-TLF	DP DELETE		1 1 TITLE			L	Outri So	L Florida	
NAML	ABRELL, RAY	-		1.2 NAME					
STREET ADDRESS	781 SPRING LAKE DRIV	t			1 ADDRESS				
CITY - ST - ZIP	DESTIN FL			1.4 CITY - 2 1 TITLE				Change	Addition
THILF	DVS		.IC	2 2 NAME					1
NAME	FINCH, JOSEPH M.	NO	l		I ADDRESS				
STREET ADDRESS	6428 SUGARCREEK DR	., NO.		24 CITY-					
City - St - ZiP	MOBILE AL	T DELE						Change	Addition
TOLE	FINCH, JOSEPH M.			3.2 NAME			_		
NAME CMALL ADDRESS	6428 SUGARCREEK DR	NO			ET ADDRESS				
STREET ADDRESS	MOBILE AL	., 11U.		34 CiTY-					
CiTy - ST - ZiF	DS DS	T) DELE	TE	4 1 TITLE			П	Change	☐ Addition
THE		المرادة		4 2 NAME					•
N4M:	BRADFORD, LOIS			- ₹ (#-riAiF					

14. I do hereby certify that the information's ipplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). Florida Statutes. I further certify that the information indicated on this annual report of suplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation of the ceiver 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 attrict field with an address.

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5 2 NAME

6 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CIY-ST-ZIP

CHIY-ST-ZIP

THEF

NAME

TITLE

NAME

421 SOUTH MCDONOUGH ST.

MONTGOMERY AL

DELETE

DELETE

☐ Change

Change

☐ Addition

☐ Addition