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Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **K70135** **(4)**

1. Corporation Name
J. RAYMOND & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
280 SOUTH S.R. 434, SUITE 2041 ALTAMONTE SPRINGS FL 32714	280 SOUTH S.R. 434, SUITE 2041 ALTAMONTE SPRINGS FL 32714-3860

3. Date Incorporated or Qualified: 03/01/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2939255 ☐ 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

WHITE, ROBERT B
SOBERING, GRAY & WHITE, P.A.
201 SO. ORANGE AVE., STE. 760
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Christopher Weiss (Maguire, Voohris & Wells, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Two South Orange Plaza
83
84 City: Orlando **FL** 85 Zip Code: 32802

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 X _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	SOFARELLI, JOHN R.		1.2 NAME		
STREET ADDRESS	280 S S.R. 434 #2041		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	32714	
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	SOFARELLI, JOHN, R		2.2 NAME		
STREET ADDRESS	280 S S.R. 434 #2041		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP	32714	
TITLE	V	☐ DELETE	3.1 TITLE	Sr. V.P.	☒ Change ☐ Addition
NAME	SUDDETH, JAMES R.		3.2 NAME		
STREET ADDRESS	280 S S.R. 434 #2041		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP	32714	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 5-23-97 #314