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

(6)

DOCUMENT # 1. Corporation Name

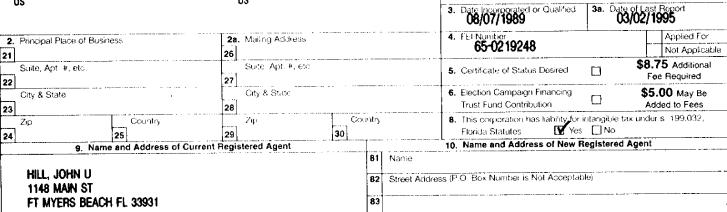
RAVENHILL, INC.

Principal Place of Business	
4440 MAINI CT	

FT MYERS BEACH FL 33931 US

Mailing Address

1148 MAIN ST FT. MYERS BEACH FL 33931



FI 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84

City

12.	OFFICERS AND [PRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTSD	DELETE	1 1 11/1/16	☐ Criange ☐ Additio
LAME	HILL, JOHN U.		1.2 NAME	
IREET ADDRESS	1148 MAIN ST		1.3 STHEET ADDRESS	
FY-ST ZIP	FT MYERS BEACH FL		14 CHY S' ZP	
TLE		DELFTE	2 1 TITLE	Change Addition
AME .			2.2 NAME	
REET ADDRESS			2.3 STREET ADDRESS	
TY-ST-ZIP			2.4.0(17 - S1 - Z)P	
TLÉ		☐ DELETE	3 1 1011.5	Change Additu
AME			3.2 NAME	
FREET ADDRESS			3.3 STREET ADDRESS	
HTY-ST ZIP			3.4 C(1×+S1-Z)F	- MANUAL TO A STATE OF THE STAT
ıî.E		[]] DELETE	4 1 ft/. £	Change Add ti
AME			4.2 NAME	
TREET ADDRESS			4 3 STREET ADORESS	
ITY - S1 - ZiP			4.4 CON - ST. ZIP	
TLE		[]] DELETE	5 1 T TEF	Change Addit
AME			5.2 NAME	
TREET ADORESS			5 ESTREET ALDRESS	
iTr - ST - ZIP			5.4 Cil r - \$1 - ZiP	
ITLE		[] DEFELE	6 t Tituf	☐ Change ☐ Additi
iame			6.2 NAME	
STREET ADDRESS			€ 3 STREET ADORESS	
CITY C1 7.0			6.4 CrTY - ST - Z-P	

14. (17-31-27)
14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3(k), 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 cath; that I am an officer or director of the corporation or the receiver or flusted carpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

85

Zip Code