

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 10: 32

DOCUMENT # L26047

(5)

1. Corporation Name

RAY GRAPHICS, INC.

Principal Place of Business

Mailing Address

4204 HAMMOND DR NE
WINTER HAVEN FL 33881

4204 HAMMOND DR NE
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1989

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Same

4. FEI Number

59-2983849

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BLANKENSHIP, RANDALL G
170 E CENTRAL AVE
WINTER HAVEN FL 33880~~

81 Name

Roy C. Summerlin

82 Street Address (P.O. Box Number is Not Acceptable)

146 Ave. B N.W.

83

84 City

Winter Haven

FL

85 Zip

33881

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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 of person who is the name of registered agent and file # applicant

(NOTE: Registered Agent signature required when reappointing)

5-18-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	MORROW, CAROL J
STREET ADDRESS	264 LAKE LINK RD
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	sec. 1 treas.
2.3 STREET ADDRESS	Debra L. Morrow
2.4 CITY - ST - ZIP	264 Lake Link Rd. Winter Haven, FL 33884
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 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:

Debra L. Morrow
Debra L. Morrow

4-4-95 (813) 325-0911

4-4-95

same