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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name L39039

RAYMOW ENTERPRISES, INC.					
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		,			
Principal Plac	ce of Business	Mailing Address		- C PERIVER ORD WIND COMP CONTROL OF THE CONTROL OF	II DIGIS BIOTI OIDII ALAIL SIDIS IABS
101 DUNBAR AVE 101 DUNBAR AVE					
G SUITE G OLDSMAR FL 34677 OLDSMAR FL 34677			DO NOT WRITE IN TH	IIS SDACE	
US US			3. Date Incorporated or Qualifed		
				12/22/1989	
2. Principal F	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		59-2982473	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	<u>-</u>	_ <del> </del>	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	, <b>\$5.00</b> May Be
<b>23</b> Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes the current year I     Personal Property Tax.	Intangible ☐Yes ☐No
	9. Name and Address of Current	<del></del>	130	10. Name and Address of New Registere	<del></del>
			81 Name		
BRA	DLEY, RAYMOND G.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>
242 WINDING WILLOW DR		Oli Get Addi	ress (F.O. DOX Number is Not Acceptable)	and the second of the second of the second of	
PAL	M HARBOR FL 34683	•	83		
			84 City		■ 85 Zip Code
4.15x (555.88),65x (54	<u> </u>	· <u>**** **                             </u>		F	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statu f Florida Such change was a	tes, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
O.U agent. La	m familiar with, and accept the obligation		orida Statutes.	on a sound or ambotoror ( noroby accept the app	
0.Uagent.La ≀: SIGNATURE		US.			
1.70	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	of when reinstating), DATE	
SIGNATURE		and title if applicable. (NOTE		d when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS A	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE ) DIRECTORS	: Registered Agent signature require	of when reinstating), DATE	AND DIRECTORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE ) DIRECTORS	E: Registered Agent signature require	d when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
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14. I 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-855-3780