FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M82008** **(7)**

1. Corporation Name
JEFFREY S. RAYNOR, P.A.

Principal Place of Business	Mailing Address
1155 U.S. HWY. ONE SUITE 304 JUNO BEACH FL 33408	1155 U.S. HWY. ONE SUITE 304 JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1988
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address
21 14155 US Highway One	26 14155 US Highway One
Suite, Apt. #, etc. 22 Suite 304	Suite, Apt. #, etc. 27 Suite 304
City & State 23 Juno Beach, FL	City & State 28 Juno Beach, FL
Zip / Country 24 33408-1499 / 25	Zip / Country 29 33408-1499 / 30

4. FEI Number: 65-0048885 ☐ 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

RAYNOR, JEFFREY S.
1155 U.S. HIGHWAY ONE
SUITE 304
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: Jeffrey S. Raynor
82 Street Address (P.O. Box Number is Not Acceptable): 14155 U.S. Highway One
83: Suite 304
84 City: Juno Beach **FL** 85 Zip Code: 33408-1499

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☒ Change ☐ Addition
NAME	RAYNOR, JEFFREY S.	12 NAME	Raynor, Jeffrey S.
STREET ADDRESS	1155 US HWY ONE, #304	13 STREET ADDRESS	14155 U.S. Highway One, Suite 304
CITY-ST-ZIP	JUNO BEACH FL	14 CITY-ST-ZIP	Juno Beach, FL 33408-1499
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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, added or deleted.

SIGNATURE: _____ JEFFREY S. RAYNOR 3/30/95 407 775-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240081 CP