FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # **M84416**

(0)

RAGIN CAJUN ENTERPRISES, INC.

Principal Place of Business Mailing Address % CARL A. THERIOT % CARL A. THERIOT P.O. BOX 787 P.O. BOX 787 JUPITER FL 33468-0787 JUPITER FL 33468 3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1988 02/08/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number NOT APPLICABLE 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032,

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WHITE, CHARLES R.L., ESQ. 535 EAST INDIANTOWN RD. JUPITER FL 33477

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10. Name and Address of New Registered Agent								
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								
84	City	85	Zip Code					

Florida Statutes

FILED

Jan 28 1997 8:00am

Secretary of State

Yes No

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

agent La	m familiar with and accept the obligations of, Secti	on 607.0505, Floric	nonzeu by the corp la Statutes.	poration's board of directors. I hereby accept the ap-	pointment as	registered				
SIGNATURE Signature: typed or per birt concerns agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE ONTE										
12.	OFFICERS AND DIRECTORS		13.	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12				
TITLE	DP	DELETE	1.1 TITLE		Change	Addition				
NAME	THERIOT, CARL A.		1.2 NAME	·						
STREET ADDRESS	P.O. BOX 787 N/A		1.3 STREET ADDRESS							
CITY - ST - ZIP	JUPITER FL		1.4 CITY - ST - ZIP							
TITLE	DY	DELETE	21 TITLE		Change	Addition				
NAME	THERIOT, GAIL		22 NAME							
STREET ADDRESS	P.O. BOX 787 N/A		2 3 STREET ADDRESS							
CITY - ST - ZIP	JUPITER FL		2. 4 CITY - ST-ZIP							
TITLE		DELETE	3.1 TITLE		Change	Addition				
NAME			3.2 NAME							
STHEET ADDRESS			3 3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TIFLE		DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
C(TY - 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			54 CITY-ST-ZIP							
TITUE		DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME							
STHEET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			64 CITY - ST - ZIP							

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 this 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

SIGNATURE:

Applied For

Not Applicable