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

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84416

(0)

Mailing Address

RAGIN CAJUN ENTERPRISES, INC.

% CARL A. 1 P.O. BOX 78 JUPITER FL	7	% CARL A. THERIOT P.O. BOX 787 JUPITER FL 33468		DO NOT WRITE IN 1H 3. Date Incorporated or Qualified	IIS SPACE
9 Principal P	Place of Business	2a. Mailing Address		06/03/1988 4. FEI Number	
21	lace of Business	26. Maining Address			Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22	·	27		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 3		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre			10. Name and Address of New Registers	
WHITE, CHARLES R.L., ESQ. 535 EAST INDIANTOWN RD.				WILLIAM J. BOSSO, JR.	
JUPITER FL 33477			82 Street Add	tess (P.O. Box Number is Not Acceptable)	
OUTTIEN TE SOUTT			83		
ļ					
			84 City RI	VIERA BEACH. F	L 85 33404
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  WILLIAM J, BOSSO, JR. (ATTORNEY AT LAW)  Signature typed or printed name of registered agent and titled applicable  (NOTE: Registered Agent signature required when refistating)  DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	ŌΡ	☐ 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	DV	DELETE	2.1 TITLE		Change Addition
NAME	THERIOT, GAIL		2.2 NAME		
STREET ADDRESS	P.O. BOX 787 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		2. 4 CITY-ST-ZIP		Ī
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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, on an attachment with an address.

4.3 STREET ADDRESS 4.4 CITY - ST- ZIP

**5.3 STREET ADDRESS** 

6 3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

Change

Change

Addition

Addition

**FILED** 

Jan 21 1998 8:00am

Secretary of State