

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000021498

1. Entity Name  
RAYCO'S GUTBUSTERS, INC.



FILED

04 OCT 25 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1004 SOUTH 2ND ST.  
JACKSONVILLE BCH, FL 32250

Mailing Address  
1004 SOUTH 2ND ST.  
JACKSONVILLE BCH, FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192004 REIN-P CR2E098 (6/04)

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LATSHAW, JOHN H JR.  
3010 SOUTH 3RD ST.  
JACKSONVILLE BCH, FL 32250

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
BIVINS, RAYMOND  
1004 SOUTH 2ND ST.  
JACKSONVILLE BCH, FL 32250

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

100042158841  
10/25/04--01065--015 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
WARDLAW, DAVID S III  
809 WINDY HILL  
CHATTANOOGA, TN 37421

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
MCCRAY, PAT  
113 CITRUS LANE  
PONTE VEDRA BEACH, FL 32082

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

10/26

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
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CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
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CITY - ST - ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/04