

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000008666 (9)

1. Corporation Name
WILLIAM L. RAGATZ, INC.



Principal Place of Business: 806 BURNS LANE, WINTER HAVEN FL 33884, US
Mailing Address: 124 AUDUBON ROAD, WINTER HAVEN FL 33884-2502, US

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26 P.O. Box 9308
Suite, Apt. #, etc.: 22
City & State: 23 WINTER HAVEN, FL
Zip: 24 33880-9308
Country: 25
City & State: 27
City & State: 28
Zip: 29 33880-9308
Country: 30
4. FEI Number: 59-3158670
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 [X] No []

9. Name and Address of Current Registered Agent: RAGATZ, WILLIAM L, 124 AUDUBON ROAD, WINTER HAVEN FL 33884
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 (FL)

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RAGATZ, WILLIAM L [] DELETE	1. 1 TITLE	[] Change [] Addition
NAME	RAGATZ, WILLIAM L	1. 2 NAME	
STREET ADDRESS	124 AUDUBON ROAD	1. 3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	1. 4 CITY-ST-ZIP	
TITLE	PVST RAGATZ, WILLIAM L [] DELETE	2. 1 TITLE	[] Change [] Addition
NAME	RAGATZ, WILLIAM L	2. 2 NAME	
STREET ADDRESS	124 AUDUBON ROAD	2. 3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	2. 4 CITY-ST-ZIP	
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	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-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		5. 4 CITY-ST-ZIP	
TITLE	[] DELETE	6. 1 TITLE	[] Change [] Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		6. 4 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)(k), 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.

SIGNATURE: [Signature] PRES. 4-21-96 941326 0967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/2/95)