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Secretary of State

03-09-1999 90115 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000010655

1. Corporation Name
OURAY CORPORATION

Principal Place of Business

3101 S.W. 40TH BLVD.
GAINESVILLE FL 32608

Mailing Address

3101 S.W. 40TH BLVD.
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1992

4. FEI Number

59-3154691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5:00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **2908 SW 4TH COURT**

2a. Mailing Address

26 **2908 SW 4TH COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **GAINESVILLE FL**

27 City & State

28 **GAINESVILLE FL**

24 Zip Country

32601

25

29 Zip Country

32601

30

9. Name and Address of Current Registered Agent

SCHMIDT, JAMES A
3101 S.W. 40TH BLVD.
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name **SCHMIDT, JAMES A.**

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

2908 SW 4TH COURT

83

84 City **GAINESVILLE**

FL

85 Zip Code

32601

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 **James A. Schmidt** **PROS**

(NOTE: Registered Agent signature required when reinstating)

DATE **2-26-99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **SCHMIDT, JAMES A**
STREET ADDRESS **3101 S.W. 40TH BLVD**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **SCHMIDT, JAMES A.**
1.3 STREET ADDRESS **2908 SW 4TH COURT**
1.4 CITY-ST-ZIP **GAINESVILLE FL 32601**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **James A. Schmidt** **JAMES A. SCHMIDT**

DATE **2-26-99**

DAYTIME PHONE # **352-373-6916**

CR2E034 (11/98)