

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000011280 (4)**

1. Corporation Name

RAI INVESTMENT SERVICES, INC.

Principal Place of Business

**1545 RAYMOND DIEHL RD
TALLAHASSEE FL 32308**

Mailing Address

**PO BOX 12200
TALLAHASSEE FL 32317-2200**



3. Date Incorporated or Qualified

12/11/1992

3a. Date of Last Report

04/28/1995

4. FLE Number

59-3155104

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. 193.032
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name **Bruce A. Hagan**

82. Street Address (P.O. Box Number, Not Acceptable)
1545 Raymond Diehl Road, 3rd. Flr.

84. City **Tallahassee**

FL

85. Zip Code **32308**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**HAGEN, BRUNCE A.
1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308**

misspelled

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, and accepts the obligations of Sections 607.0602 and 607.1503, Florida Statutes. I am

SIGNATURE

Bruce A. Hagan

4/16/96

12. OFFICERS AND DIRECTORS

1. TITLE **POS** ☐ DELETE

NAME **HAGAN, BRUCE**
STREET ADDRESS **1545 RAYMOND DIEHL RD**
CITY, ST, ZIP **TALLAHASSEE FL**

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied in 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 in the 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 relevant corporate employee 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:

Bruce A. Hagan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

904/386-1112

CR2E034 (12/95)