

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011884 (3)

1. Corporation Name

RAGLAND-WHITTIER CORPORATION

Principal Place of Business

Mailing Address

9280 BAY PLAZA BLVD.
STE. 708
TAMPA FL 33619
US

9280 BAY PLAZA BLVD.
STE. 708
TAMPA FL 33619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1992

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

2a. Mailing Address

21 9270 Bay Plaza Blvd.
Suite, Apt. #, etc.

26 9270 Bay Plaza Blvd.
Suite, Apt. #, etc.

4. FEI Number

59-3154924

Applied For

Not Applicable

22 Suite 614

27 Suite 614

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Tampa FL

28 Tampa FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33619

Country

Hillsborough

29 33619

Country

Hillsborough

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, LINDA L
ONE HARBOUR PLACE
5TH FLOOR
TAMPA FL 33602

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LEWIS, JAMES W
STREET ADDRESS 4507 COUNTRY GATE CT
CITY, ST, ZIP VALRICO FL 33594

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE D
NAME LEWIS, BETH C
STREET ADDRESS 4507 COUNTRY GATE CT
CITY, ST, ZIP VALRICO FL 33594

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(b), 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. But 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:

BETH C. LEWIS
BETH C. LEWIS

4/26/95

813-626-2629