FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000011884 (3)

RAGLAND-WHITTIER CORPORATION

FILED C8 APR 28 PM 1:53 SEC. A SINE WILLAND A FLORIDA

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Principal Plac	e of Business	Mailing Address		
9270 BAY PL	AZA BLVD.	9270 BAY PLAZA BLVD.		
611		611		
TAMPA FL 33	1619	TAMPA FL 33619		DO NOT WRITE IN THIS SPACE
US		U\$		3. Date Incorporated or Qualified
2. Principal P	Place of Business	2a. Mading Address		12/15/1992 . 4. FEI Number Applied For
21 97/01	Bay Pluza Blud.	26 9260 Bar	y Pluza Bli	4. FEI Number Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	7-11424 011	SR 75 Additional
22	# <i>5</i> 01	27 # 5	501	5. Certificate of Status Desired Fee Required
City & Stat	e C	City & State		6. Election Campaign Financing \$5.00 May Be
23 A	impa, tz	28 lampa	12	Trust Fund Contribution Added to Fees
Zip	Country	- Zφ	Country	8. This corporation owes or has paid the current year Intangible
24 336	0 19 25 142150070497		O Hullsboro	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren R	egistered Agent	81 Name	10. Name and Address of New Registered Agent
	EMING, LINDA L			gel C. Lester, Jr., Esquire
	E HARBOUR PLACE		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
	H FLOOR		83 C/C	Carlton Fields
IAI	MPA FL 33602		1 1	Harbour Place
			84 City	85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502 ar	nd 607 1508. Florida Statutos	the above-named c	hpa 33602 orporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State of E im familiar with, and accept the obligation	Torida. Such change was au	thorized by the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, by Million publish manus of region real against an	The desired to the control of the co	Registered Agent signature re	4/27/98
12.	OFFICERS AND D	The second secon	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, JAMES W		1.2 NAME	
STREET ADDRESS	4507 COUNTRY GATE CT		1.3 STHELT ADDRESS	
CITY-ST-ZIP	VALRICO FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2 1 TITLE	
NAME	LEWIS, BETH C		2.2 NAMF	10000250862°1-1145°1 -05/04/9801007003
STREET ADDRESS	4507 COUNTRY GATE CT		2.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	VALRICO FL		2. 4 CHY-ST-ZIP	
M TITLE		□ DELETE	3.1 TITLE	L Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP	
NAME			4 1 TITLE	L_J Change L_F Addition
STREET ADDRESS			4. 2 NAME	
CITY-ST-ZIP			4.3 STREET ADDRESS	
TITLE		DELETE	4.4 CHY+S1+ZIP - 5.1 THTLF	Addilion
NAME		Lad Print In	5.2 NAME	<i>m</i> -n · — ;
STREET ADDRESS			5.3 STREET ADDRESS	in A'
CITY-ST-ZIP			5 4 City-St-ZIP	GV 19 Channe Addition
TITLE		DELETE	61 TITLE	Change Addition
NAME		•	6.2 NAME	4
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
	ertify that the information supplied with the	is filing does not qualify for		in Section 119 07/3Vi). Florida Statutes, I further certify that the information

I nereby 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 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 coreporation 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.