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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000011884

1. Corporation Name

**RAGLAND-WHITTIER CORPORATION** 

Principal Place	of Business	Mailing A	Address				# 10011001 170 18110 18011 00F11 84	HILL BANKI BANAL I		(B)(1) R18) 1991
9260 BAY PLAZ	A BLVD.	9260 BAY	PLAZA BLVD.							
#501		#501					DO NOT WRI	TE IN THIS	SPACE	
TAMPA FL 3361	9	TAMPA F	L 33619				3. Date Incorporated or Qualifed	11211111110		
00		00					12/15/1992			
2. Principal Pl	ace of Business	2a. Mailir	ng Address				4. FEI Number		App	lied For
21		26	•				59-3154924		Not	Applicable
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
22		27					or Certificate of Citation Boston	<del></del>	Fee Re	<del>`</del>
City & State		City &	City & State				6. Election Campaign Financing		\$5.00	,
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Г	Count	ıry		8. This corporation owes the cur	rent year Inta		<sub>□No</sub> [
24	9. Name and Address of Curren	29		30			Personal Property Tax.  10. Name and Address of New I	Registered /		
-	9. Name and Address of Curren	it Registered	Agent		B1 Nam	e	To. Hame and Address of How		-3	
LES1	TER, EDGEL C ESQ			L				<del></del>		
C/O CARLTON FIELDS				1	32 Stree	et Addres	ess (P.O. Box Number is Not Acceptable)			
ONE HARBOUR PLACE				1	33			_		
TAM	PA FL 33602			<u> </u>				_	7:- 0	
				1	B4 City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	8, Florida Statute	es, the abo	ove-name	ed corpor	ration submits this statement for the	purpose of	changing its	registered
I office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Suc	ch change was au	uthorized I	by the co	rporation	's board of directors. I hereby acce	pt the appoir	itment as reg	Jisterea
1	The state of the s									
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applica	ble. (NOTE:	: Registered A	gent signatu	re required	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTOR		13.			ADDITIONS/CHANGES TO OF	FICERS AN		RS IN 12
TITLE	D		☐ DELETE	1.1 TITL	E				Change	
NAME	LEWIS, JAMES W									
STREET ADDRESS				1.2 NAM						
	4507 COUNTRY GATE CT			1.3 STR	EET ADDRES	ss				
CITY-ST-ZIP	VALRICO FL			1.3 STR 1.4 CITY	EET ADORES (+ST-ZIP	SS		_	Change	
TITLE	VALRICO FL D	<del></del>	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL	EET ADORES (+ST-ZIP E	ss		_	Change	Addition
TITLE NAME	VALRICO FL D LEWIS, BETH C		DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	EET ADORES (+ST+ZIP E			<del>.</del>	☐ Change	
TITLE NAME STREET ADDRESS	VALRICO FL D LEWIS, BETH C 4507 COUNTRY GATE CT		DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	EET ADORES (-ST-ZIP E IE EET ADDRES			- -	Change	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VALRICO FL D LEWIS, BETH C 4507 COUNTRY GATE CT VALRICO FL		DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	EET ADDRES (-ST-ZIP E ME EET ADDRES Y-ST-ZIP			-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VALRICO FL  D  LEWIS, BETH C  4507 COUNTRY GATE CT  VALRICO FL		·~ <del></del> -	1.3 STR 1.4 CITY 2.1 TITL 22 NAW 2.3 STR 2.4 CIT	EET ADORES (-ST-ZIP E HE EET ADDRES Y-ST-ZIP E				<u></u>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VALRICO FL D LEWIS, BETH C 4507 COUNTRY GATE CT VALRICO FL		·~ <del></del> -	1.3 STR  1.4 CITY  2.1 TITL  2.2 NAW  2.3 STR  2.4 CIT  3.1 TITL  3.2 NAW	EET ADORES (-ST-ZIP E HE EET ADDRES Y-ST-ZIP E	ss		· ·-	<u></u>	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VALRICO FL  D  LEWIS, BETH C  4507 COUNTRY GATE CT  VALRICO FL		·~ <del></del> -	1.3 STR  1.4 CITY  2.1 TITL  2.2 NAW  2.3 STR  2.4 CITY  3.1 TITL  3.2 NAW  3.3 STR	EET ADORES (-ST-ZIP E  NE EET ADDRES Y-ST-ZIP E  AE EET ADORES Y-ST-ZIP Y-ST-ZIP	ss	-	-	<u></u>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALRICO FL  D  LEWIS, BETH C  4507 COUNTRY GATE CT  VALRICO FL		C DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	EET ADORES (-ST-ZIP  E  EET ADDRES Y-ST-ZIP  E  AE  EET ADORES Y-ST-ZIP  E  EET ADORES	ss		-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VALRICO FL  D  LEWIS, BETH C  4507 COUNTRY GATE CT  VALRICO FL		C DELETE	1.3 STR  1.4 CIT  2.1 TITL  2.2 NAW  2.3 STR  2.4 CIT  3.1 TITL  3.2 NAW  3.3 STR  3.4 CIT  4.1 TITL  4.2 NAW	EET ADORES (-ST-ZIP  E  EET ADDRES Y-ST-ZIP  E  AE  EET ADORES Y-ST-ZIP  E  EET ADORES	55			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VALRICO FL  D  LEWIS, BETH C  4507 COUNTRY GATE CT  VALRICO FL		C DELETE	1.3 STR  1.4 CITY 2.1 TITL  2.2 NAW 2.3 STR  2.4 CIT  3.1 TITL  3.2 NAW 3.3 STR  3.4 CIT  4.1 TITL  4.2 NAW 4.3 STR	EET ADORES (-ST-ZIP  E  EET ADDRES Y-ST-ZIP  E  AE  EET ADORES Y-ST-ZIP  E  ME	55		-	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VALRICO FL  D  LEWIS, BETH C  4507 COUNTRY GATE CT  VALRICO FL		DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAW 5.3 STR	EET ADDRES  F. ST-ZIP  EET ADDRES  Y-ST-ZIP  EET ADDRES  Y-ST-ZIP  E ME  EET ADDRES  Y-ST-ZIP  E  ME  EET ADDRES  F. ST-ZIP  E  EET ADDRES  F. ST-ZIP  E  EET ADDRES  EET ADDRES  EET ADDRES  EET ADDRES  EET ADDRES	55			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VALRICO FL  D  LEWIS, BETH C  4507 COUNTRY GATE CT  VALRICO FL		DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 4.4 CIT 4.1 TITL 5.2 NAW 5.3 STR 5.4 CIT 5.3 STR 5.4 CIT 5.4 CIT 5.5 NAW 5.5 STR 5.4 CIT 5.4 CIT 5.5 CIT 5.5 CIT 5.5 CIT 5.6 CIT 5.7	EET ADDRES  (-ST-ZIP  EET ADDRES  Y-ST-ZIP  E  ME  LEET ADDRES  Y-ST-ZIP  E  ME  LEET ADDRES  (-ST-ZIP  E  ME  LEET ADDRES  (-ST-ZIP  E  ME  LEET ADDRES  (-ST-ZIP  E  LEET ADDRES  (-ST-ZIP  E  LEET ADDRES  (-ST-ZIP	55		-	Change	Addition Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALRICO FL  D  LEWIS, BETH C  4507 COUNTRY GATE CT  VALRICO FL		DELETE	1.3 STR  1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 3.1 TITT 3.2 NAW 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAW	EET ADDRES  (-ST-ZIP  E  EET ADDRES  Y-ST-ZIP  E  EET ADDRES  Y-ST-ZIP  E  ME  EET ADDRES  (-ST-ZIP  E  EET ADDRES  (-ST-ZIP  E  EET ADDRES  (-ST-ZIP  E  EET ADDRES  E-ST-ZIP  E  E-ST-ZIP  E  E-ST-ZIP  E  E-ST-ZIP  E  E-ST-ZIP  E	55		-	Change	Addition Addition Addition

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 of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP