FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:02

DOCUMENT # P93000012751 (2)

1. Corporation Name
RALORN, INC.

Principal Place of Business	Mailing Address
3851 2. NORTHCREST COURT LECANTO FL 34460 US	POST OFFICE BOX 146146 CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business	2a. Mailing Address
21 6105 W Norvell Bryant	26
Suite, Apt. #, etc. 22 Crystal River FL	Suite, Apt. #, etc. 27
City & State 23 Crystal River FL	City & State 28
Zip: 24 34429 Country: 25 US	Zip: 29 Country: 30

4. FEI Number: 59-3182984 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, DOLORES H 3851 N CREST CT 3851 W. NORTHCREST COURT LECANTO FL 34460	81 Name: Clark, Dolores H. 82 Street Address (P.O. Box Number is Not Acceptable): 6105 W Norvell Bryant Hwy 83 84 City: Crystal River FL 85 Zip Code: 34429

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: Dolores H. Clark
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	CLARK, DOLORES H	1.2 NAME	Clark, Dolores H.
STREET ADDRESS	3851 WEST NORTHCRESS COURT	1.3 STREET ADDRESS	6105 W Norvell Bryant Hwy
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	Crystal River FL 34429
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, RICHARD T	2.2 NAME	
STREET ADDRESS	1105 PALM SPRINGS TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, W. RANDAL	3.2 NAME	
STREET ADDRESS	5 BRENTHAM RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	N BILLERICA MA 01862	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GAUDETTE, GERARD	4.2 NAME	
STREET ADDRESS	3851 WEST NORTHCREST COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: Dolores H. Clark Dolores H. Clark, Pres 1/13/95 (904) 795-0605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000007 FP