

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000012751 (2)

1. Corporation Name

RALORI, INC.



Principal Place of Business

Mailing Address

~~6105 W. NORVELL BRYANT~~  
CRYSTAL RIVER FL 34429  
US

POST OFFICE BOX 145-0145  
CRYSTAL RIVER FL 34423

2. Principal Place of Business

2a. Mailing Address

21 6481 W Norvell Bryant

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/08/1993

3a. Date of Last Report

02/28/1995

4. FET 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

10. Name and Address of New Registered Agent

CLARK, DOLORES H

~~6105 W. NORVELL BRYANT HWY~~  
CRYSTAL RIVER FL 34429

81 Name

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

6481 W. NORVELL BRYANT HWY  
P.O. Box 145

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CLARK, DOLORES H  
STREET ADDRESS ~~6105 W NORVELL BRYANT HWY~~  
CITY- ST- ZIP CRYSTAL RIVER FL

TITLE D ☐ DELETE

NAME CLARK, RICHARD T  
STREET ADDRESS 1105 PALM SPRINGS TERRACE  
CITY- ST- ZIP CRYSTAL RIVER FL

TITLE D ☐ DELETE

NAME CLARK, W. RANDAL  
STREET ADDRESS ~~5 BRENTHAM RD~~  
CITY- ST- ZIP ~~N BILERICA MA 01062~~

TITLE ~~D~~ ☒ DELETE

NAME ~~GAUDETTE, GERARD~~  
STREET ADDRESS ~~3851 WEST NORTHCREST COURT~~  
CITY- ST- ZIP ~~LEGANTO FL~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS 6481 W Norvell Bryant Hwy  
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS 319 Venturi Avenue  
34 CITY- ST- ZIP Crystal River FL 34429

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (352) 795-5355  
Date: Daytime Phone #

CR2E034 (12/95)