

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000072346 (8)**

1. Corporation Name

**RAFTERS, INC.**



Principal Place of Business

**1900 TAMiami TRAIL  
UNIT 109A  
PORT CHARLOTTE FL 33948**

Mailing Address

**1900 TAMiami TRAIL  
UNIT 109A  
PORT CHARLOTTE FL 33948**

2. Foreign Place of Business

2a. Mailing Address

**1260 PEPPERTREE LANE**

State, Apt. #, etc.

27. City & State

**Port Charlotte FL**

28. Zip

**33952**

29. Country

**Charlotte**

3. Date Incorporated or Qualified

**11/01/1993**

3a. Date of Last Report

**03/02/1995**

4. FET Number

**65-0443436**

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

**STEVENS, JOHN G SR.  
1900 TAMiami TRAIL  
UNIT 109A  
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

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 of Agent or Director (Required) (Signature of Director Required When Changing)

Signature of Agent or Director (Required) (Signature of Director Required When Changing)

DATE

12. OFFICERS AND DIRECTORS

|                      |                        |                                 |
|----------------------|------------------------|---------------------------------|
| 12.1 NAME            | PSD                    | <input type="checkbox"/> DELETE |
| 12.2 NAME            | STEVENS, JOHN          |                                 |
| 12.3 STREET ADDRESS  | 1900 TAMiami TR. #109A |                                 |
| 12.4 CITY, ST, ZIP   | PORT CHARLOTTE FL      |                                 |
| 12.5 TITLE           | VTD                    | <input type="checkbox"/> DELETE |
| 12.6 NAME            | STEVENS, WILLIE        |                                 |
| 12.7 STREET ADDRESS  | 1900 TAMiami TR. #109A |                                 |
| 12.8 CITY, ST, ZIP   | PORT CHARLOTTE FL      |                                 |
| 12.9 TITLE           |                        | <input type="checkbox"/> DELETE |
| 12.10 NAME           |                        |                                 |
| 12.11 STREET ADDRESS |                        |                                 |
| 12.12 CITY, ST, ZIP  |                        |                                 |
| 12.13 TITLE          |                        | <input type="checkbox"/> DELETE |
| 12.14 NAME           |                        |                                 |
| 12.15 STREET ADDRESS |                        |                                 |
| 12.16 CITY, ST, ZIP  |                        |                                 |
| 12.17 TITLE          |                        | <input type="checkbox"/> DELETE |
| 12.18 NAME           |                        |                                 |
| 12.19 STREET ADDRESS |                        |                                 |
| 12.20 CITY, ST, ZIP  |                        |                                 |
| 12.21 TITLE          |                        | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                                                                   |
|----------------------|-------------------------------------------------------------------|
| 13.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |                                                                   |
| 13.3 STREET ADDRESS  |                                                                   |
| 13.4 CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.5 TITLE           |                                                                   |
| 13.6 NAME            |                                                                   |
| 13.7 STREET ADDRESS  |                                                                   |
| 13.8 CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.9 TITLE           |                                                                   |
| 13.10 NAME           |                                                                   |
| 13.11 STREET ADDRESS |                                                                   |
| 13.12 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.13 TITLE          |                                                                   |
| 13.14 NAME           |                                                                   |
| 13.15 STREET ADDRESS |                                                                   |
| 13.16 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.17 TITLE          |                                                                   |
| 13.18 NAME           |                                                                   |
| 13.19 STREET ADDRESS |                                                                   |
| 13.20 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 successor 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 in an attachment with an address.

SIGNATURE:

*John G. Stevens Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/96**

**941-764-9241**

**JOHN G. STEVENS SR.**

DATE OF FILING

CR2E034 (12/95)