

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:50

DOCUMENT # P94000011957 (5)

1. Corporation Name

RASCORP, INC.

Principal Place of Business

120 BAYBERRY ROAD
ALTAMONTE SPRINGS FL 32714

Mailing Address

120 BAYBERRY ROAD
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1994

3a. Date of Last Report

2. Principal Place of Business

21 2850 NORTH SIDE DR

2a. Mailing Address

26 2850 NORTH SIDE DR

4. FEI Number
59 3227333

Applied For
Not Applicable

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. City & State

23 EUSTIS FL

28. City & State

28 EUSTIS FL

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24. Zip

24 32726

25. Country

25 USA

29. Zip

29 32726

30. Country

30 USA

8. This corporation has liability for withholding tax under § 100 of the
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIEGRIST, RICHARD A
120 BAYBERRY ROAD
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)
2850 NORTH SIDE DR.

B3

B4 EUSTIS

FL

B5 Zip Code
32726

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature (Typed or Printed Name) and Title of Agent or Director

Signature (Typed or Printed Name) and Title of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

14. I hereby certify that the information submitted on this form is voluntarily furnished and does not qualify for the exemption stated in Section 610.10(2)(b), Florida Statutes. I further certify that the information submitted on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the revenue or signature are needed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this form.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. SIEGRIST 5/8/95 4072922966