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 # **P94000011957 (5)**

1. Corporation Name

RASCORP, INC.

Principal Place of Business	Mailing Address
2850 NORTH SIDE DR EUSTIS FL 32726 US	2850 NORTH SIDE DR EUSTIS FL 32726 US

2. Principal Place of Business	2a. Mailing Address
21 8393 Brierwood Road	26 8393 Brierwood Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville, FLA	28 Jacksonville, FLA
24 Zip 32217 / 25 Country DUVAL	29 Zip 32217 / 30 Country DUVAL

3. Date Incorporated or Qualified: 02/09/1994

3a. Date of Last Report: 06/30/1995

4. FEI Number: 59-3227333 ☐ 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

SIEGRIST, RICHARD A
2850 NORTH SIDE DR
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: Siegrist, Stephen A.
82 Street Address (P.O. Box Number is Not Acceptable): 8393 Brierwood Road
83
84 City: Jacksonville, FL 85 Zip Code: 32217

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 4: Stephen A. Siegrist — DATE: 8/4/96

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	SIEGRIST, STEPHEN A	
STREET ADDRESS	8393 BRIERWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVS	☒ DELETE
NAME	SIEGRIST, RICHARD A	
STREET ADDRESS	120 BAYBERRY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	☐ DELETE
NAME	SIEGRIST, ELIZABETH C	
STREET ADDRESS	510 DOGWOOD VALLEY DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption set forth 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 X in Block

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96 — Date

(904) 232-3248 — Daytime Phone Number

CR2E034 (12/95)