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 # 1. Corporation Name

P94000013132 (3)

RON & RAY, INC.

Principal Place	of Business	Mailing Address				
3385 SOUTHEAST 2ND TERRACE OKEECHOBEE FL 34974		3385 SOUTHEAST OKEECHOBEE FL				
				3. Date incorporated or Qualified 02/14/1994	3a. Date of Last Report 04/07/1995	
2. Principal Pla	ace of Business	2a. Mai ing Address		4. FEI Number	Applied For	
21		26		65-0467488	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc) .	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	[28]	Country	8. This corporation has liability for	ıntangible tax under s. 199.032,	
24	25	29	30		No No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New I	Registered Agent	
DDIOAI	HT DENALD					
BRICAULT, RENALD 3385 SOUTHEAST 2ND TERRACE			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
OKEECHOBEE FL 34974			83			
			84 City		FL 85 Zip Code	
or register familiar wi	to the provisions of Sections 607.05 red agent, or both, in the State of Flo ith, and accept the obligations of, Se	rida. Such change was aut	horized by the corporation's bo	oration submits this statement for the pu pard of directors. Thereby accept the app	prose of changing its registered office online as registered agent. I am	
SIGNATURE.	Signature, typed or princed natural of registered ag		(NOTE: Figurined Agent signature requ		DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition	
TITLE	DPC	☐ DEL€TE	1 1 TITLE		L Change L Municon	
NAME ANICCA ADDRESS	BRICAULT, RENALD 3385 SOUTHEAST 2ND TE	:DDACE	1.2 NAME 1.3 STREET ADDRESS			
STHEET ADDRESS	OKEECHOBEE FL 34974	MINOL	1.4 C-TY - ST - ZIP			
CITY-ST-ZIP TITLE	DST	□ DELETE	2 1 TIFLE		☐ Change ☐ Addition	
NAME	BRICAULT, RAYMONDE	_	2.2 NAME			
STREET ADDRESS	3385 SOUTHEAST 2ND TE	RRACE	2.3 STREET ADDRESS			
CITY-ST Z'P	OKEECHOBEE FL 34974		2 4 CHY-ST-ZIP			
TILE		DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY+ST+ZIP			3.4 CHY - S1 - ZIP			
111115		DELETE	4. 1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - S1 - ZIF			4.4 CITY - ST - ZIP			
EILLE		☐ DELETË			☐ Change ☐ Addition	
NAME			5.2 NAME		,	
STREET ADDRESS			53 STREET ADDRESS			
City-St-ZiP			5.4 C(TY-ST-ZIP		El Our	
Ti'tE		DELETE	6 1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STHEET ADDRESS			
0:1v - \$1 - 2:6:			6.4 CiTy - ST - ZiP			

14. I do hereby certify that the information supplied with this fring 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 trusted 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 TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Taginar Prices **

9-27-96 941 357 0110