## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000042824 (0)

RAINES HOLDINGS, INC.

SIGNATURE:

Principal Place of Business Mailing Address				i (noticon) (in fair) aluti bâtit Bâtit âtit	Anin Amen want sawa seka alak dak
211 18TH AVE. INDIAN ROCKS BEACH FL INDIAN ROCKS BEACH		211 18TH AVE. INDIAN ROCKS BEACH FL	33785-2907		
* C				3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 03/22/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
26     Suite. Apt. #. etc.   Suite. Apt. #, etc.   Suite. Apt. #, etc.				59-3262485	Not Applicable
22 211 18TH AVE #8 27 211 18TH A			AVE. #8	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 IUDIAL	1) 0	28 INDIAN ROCKS	REACH FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for in	
24 3378	35 25 USA	29 33785	₃o UŚA		Yes No
	9. Name and Address of Current			10. Name and Address of New Reg	Istered Agent
	EN, JOHN		81 Name		
			82 Street Add	ress (P.O. Box Number is Not Acceptabl	le)
#8					
INDIAN ROCKS BEACH FL 34635			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 algorific to both in the State of Florida, Such change was authorized by the exproporation'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	- Toler	10HNG4	DEN 1803	DEUT 3	tob9'/
12.			Registered Agent signature requi		DATE
TOTLE	S S S S S S S S S S S S S S S S S S S	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change Addition
NAME	GREEN, DEANNE	LJ DILLIE	1.2 NAME		The program of the pr
STREET ADORESS	211 18TH AVE #8		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 3463	15	1.4 CITY - ST - ZIP		
TITLE	P	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, JOHN		2.2 NAME		<del></del> · • <del></del>
STREET ADDRESS	211 18TH AVE #8		2.3 STREET ADDRESS		
CITY+ST-ZIP	INDIAN ROCKS BEACH FL 3463	J5	2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME CIRCLY ADDRESSES			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		land receive	6.2 NAME		C Alleithe T vocation
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do hereb	y certify that the information supplied	with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the
information ↓am.an.off	n indicated on this annual report or sur	pplemental annual report is tru	ue and accurate and that	at my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if made under oath, that