

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-26-2002 90042 013 ***158.75

DOCUMENT # P94000048852

1. Entity Name

RAY DISTRIBUTING COMPANY

Principal Place of Business

7014 A C SKINNER PARKWAY
 SUITE 290
 JACKSONVILLE FL 32256
 US

Mailing Address

7014 A C SKINNER PARKWAY
 SUITE 290
 JACKSONVILLE FL 32256
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3252487

Applied For

Not Applicable

5. Certificate of Status Desired **XX** \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NANCY F. FALLS
 7014 A C SKINNER PARKWAY
 SUITE 290
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
 RAY, JR. J
 STREET ADDRESS 7014 A C SKINNER PKWY, SUITE 290
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE NAME ☐ Delete
 DVP FRANCIS, JAMES D
 STREET ADDRESS 7014 A C SKINNER PKWY, SUITE 290
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE NAME ☐ Delete
 S FALLS, NANCY F
 STREET ADDRESS 7014 A C SKINNER PKWY, SUITE 290
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE NAME ☐ Delete
 P EDGE, AUBREY L
 STREET ADDRESS 7014 A C SKINNER PKWY, SUITE 290
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aubrey L. Edge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aubrey L. Edge
 President

4/10/02

904/596-3200

Date

Daytime Phone #

CR2E034 (9/01)