2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

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1. Entity Name
RAY DISTRIBUTING COMPANY

Principal Place of Business	Mailing Address
7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US	7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US

DO NOT WRITE IN THIS SPACE

03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3252487
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, DONNA A
7014 A C SKINNER PARKWAY
SUITE 290
JACKSONVILLE, FL 32256

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Donna A. Miller 3/24/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000104540
04/06/04-80016-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAY, JR. J
STREET ADDRESS	7014 A C SKINNER PKWY, SUITE 290
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DVP
NAME	FRANCIS, JAMES D
STREET ADDRESS	7014 A C SKINNER PKWY, SUITE 290
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	S
NAME	MILLER, DONNA A
STREET ADDRESS	7014 A C SKINNER PKWY, SUITE 290
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	P
NAME	EDGE, AUBREY L
STREET ADDRESS	7014 A C SKINNER PKWY, SUITE 290
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Aubrey L. Edge, Pres. (904)596-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #