**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400070883

1. Corporation Name

RAVEN INVESTMENTS, INC.

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90052 046 \*\*\*150.00



Molling Address				I IOONIAAN IKO IRKIK BIBIN ABINI AANK AANK ABINI A	Bars Bardt i Bildi fæ	IOO IEII EKNI
Principal Place of Business		Mailing Address			•	
6407 CONGRESSIONAL LANE STUART FL 34997		6407 CONGRESSIONAL LANE STUART FL 34997		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 09/27/1994		
2. Principal P	lace of Business	2a. Mailing Address	. 1	4. FEI Number	Appl	ed For
21 10 6	RETHORN LANE	26 10 FIRETHO	RN LANE	65-0523016	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> Ad	I
22		City & State			Fee Req	<del></del>
City & State	vern. PA	28 MALVERN	<b>PA</b>	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 M Added to	
Zip 24 1939	C Country	Zip 19355 30	Country	This corporation owes the current year Inta     Personal Property Tax.		(No
24 192	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered		•
81 Name						
SWE	EENEY, RAYMOND W			IRIAM E. WALLACE		
6407 CONGRESSIONAL LN				ress (P.O. Box Number is Not Acceptable)	e LAI	√E
	ART FL 34997		83	SS SW INWOOD FINE	<del></del>	•
J. 0.	, (()   2 0 00 /		03	_		
			84 City 5	TVART FL	85 Zip Co	990
14. Description of Sections 607 0502 and 607 1508. Florida Statutes the above named compretion submits this statement for the number 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Wilson E. Wallers MRIAM E. WALLACE TANVARY 11, 1999  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	11 TITLE	P/D	Change	☐ Addition
NAME	SWEENEY, RAYMOND W		1.2 NAME	TWEENEY, RAYMOND W.		
STREET ADORESS	6407 CONGRESSIONAL LANE		1.3 STREET ADDRESS	O FIRETHORN LANE		Ì
CITY-ST-ZIP	STUART FL 34997		1.4 CITY-ST-ZIP	MALVERN PA 19355		
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			ļ
STREET ADDRESS		· ·	2.3 STREET ADDRESS			}
CITY-ST-ZIP			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			Į
TITLE		☐ DELETE			Change	Addition
NAME	1		4.1 TITLE	_	_	I
STREET ADDRESS		□ DELETE	4.1 TITLE 4. 2 NAME	•		I
		- DELETE	4. 2 NAME	•		}
		□ pereis	4. 2 NAME 4.3 STREET ADDRESS	•		
CITY-ST-ZIP		DELETE	4. 2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE		<u> </u>	4. 2 NAME 4.3 STREET ADDRESS		·	Addition
CITY-ST-ZIP TITLE NAME		<u> </u>	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		·	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u> </u>	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		·	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	•	·	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		<u> </u>	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	•	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	•	☐ Change	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	•	☐ Change	

14. 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 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 regiver 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 chapped, or pl an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP