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Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000081473 (8)

1. Corporation Name  
T. HULEN RAY, P.A.

Principal Place of Business  
118 W NEW YORK AVE  
DELAND FL 32720

Mailing Address  
118 W NEW YORK AVE  
DELAND FL 32720-5416



3. Date Incorporated or Qualified 11/07/1994  
3a. Date of Last Report 04/22/1996

4. FEI Number 59-3278453  
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 216 West Hawry Avenue  
Suite, Apt. #, etc

26 216 West Hawry Avenue  
Suite, Apt. #, etc

22 City & State  
Deland, Florida

27 City & State  
Deland, Florida

23 Zip Country  
32720 Volusia

28 Zip Country  
32720 Volusia

24 32720

25 Volusia

29 32720

30 Volusia

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHAS, WILLIAM D  
118 W NEW YORK AVE  
DELAND FL 32720

81 Name  
DAVID M. McDONOUGH

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

216 West Hawry Avenue

83

84

City

Deland

FL

85

Zip Code

32720

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 agent, or both, in the State of Florida. Such change was authorized by the corporation'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 DAVID M. McDONOUGH

DAVID M. McDONOUGH

2/25/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVTS ☐ DELETE  
NAME RAY, T H  
STREET ADDRESS 118 WEST NEW YORK AVENUE  
CITY - ST - ZIP DELAND FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 receiver 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 changed, or on an attachment with an address.

SIGNATURE:

T. HULEN RAY

2/25/97 (904) 734-2606

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)