

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 20 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088198 (4)

1. Corporation Name

RAINES-LIEBOLD CONSTRUCTION, INC.

Principal Place of Business

115-A OLD DAYTONA RD.
DELAND FL 32724

Mailing Address

115-A OLD DAYTONA RD.
DELAND FL 32724

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3286411

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

9. Name and Address of Current Registered Agent

LIEBOLD, FREDERICK L
115-A OLD DAYTONA RD.
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change

☒ Addition

1.2 NAME

William Kyle Raines

1.3 STREET ADDRESS

2679 Whitehurst Road

1.4 CITY - ST - ZIP

Deland, FL 32720

2.1 TITLE

Vice-President

☐ Change

☒ Addition

2.2 NAME

Fred L. Liebold

2.3 STREET ADDRESS

339 Fishing Lane

2.4 CITY - ST - ZIP

Deland, FL 32720

3.1 TITLE

Vice-President

☐ Change

☒ Addition

3.2 NAME

Lloyd Wilson

3.3 STREET ADDRESS

275 Katrina Street

3.4 CITY - ST - ZIP

DeLeon Springs, FL 32130

4.1 TITLE

Secretary

☐ Change

☒ Addition

4.2 NAME

Brenda Raines

4.3 STREET ADDRESS

2679 Whitehurst Road

4.4 CITY - ST - ZIP

Deland, FL 32720

5.1 TITLE

Treasurer

☐ Change

☒ Addition

5.2 NAME

Polly Liebold

5.3 STREET ADDRESS

339 Fishing Lane

5.4 CITY - ST - ZIP

Deland, FL 32720

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

W.K. Raines

6/15/95

(904) 738-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR