

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

• PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000000397 (6)  
1. Corporation Name

RAY BOONE PRODUCTIONS, INC.



Principal Place of Business: 3703 S.E. 59TH PL. OCALA FL 34480  
Mailing Address: 3703 S.E. 59TH PL. OCALA FL 34480

3. Date Incorporated or Qualified: 01/01/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: 09-5294276  
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 [X] No

2. Principal Place of Business: 21 4241 SE 53 AVE, SUITE 2, OCALA, FL 34480, MARION  
2a. Mailing Address: 26 4241 SE 53 AVE, SUITE 2, OCALA, FL 34480, MARION  
22. City & State: OCALA, FL  
23. City & State: OCALA, FL  
24. Zip: 34480  
25. Country: MARION  
27. City & State: OCALA, FL  
28. City & State: OCALA, FL  
29. Zip: 34480  
30. Country: MARION

9. Name and Address of Current Registered Agent: BOONE, RAYMOND D, 3703 S.E. 59TH PL., OCALA FL 34480  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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 of Raymond D Boone]

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BOONE, RAYMOND D	
STREET ADDRESS	3703 S.E. 59TH PL.	
CITY - ST - ZIP	OCALA FL 34480	
TITLE	D	DELETE
NAME	BOONE, JODY M	
STREET ADDRESS	3703 S.E. 59TH PL.	
CITY - ST - ZIP	OCALA FL 34480	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Raymond Boone RAYMOND BOONE 8/7/96 (352)624-3900  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)