

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000030533 (0)

1. Corporation Name  
ARATEC INC.



Principal Place of Business

2128 S.E. 3RD PLACE  
OCALA FL 34471-2516

Mailing Address

2128 S.E. 3RD PLACE  
OCALA FL 34471-2516

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

2. Principal Place of Business 303 N.E. 1st Ave

21 Ocala, FL 34470-6693

Suite, Apt. #, etc.

22 City & State  
OCALA, FL

24 Zip 34470-6693 25 Country U.S.A.

2a. Mailing Address

26 P.O. Box 4697

27 Ocala, FL 34478-4697

28 City & State  
OCALA, FL

29 Zip 34478-4697 30 Country U.S.A.

4. FEI Number

59-3329395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SAWAYA, MARY E  
2128 S.E. 3RD PLACE  
OCALA FL 34471-2516

10. Name and Address of New Registered Agent

81 Name

SAWAYA, MARY E.

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

303 N.E. 1st Ave

83

84 City

OCALA

FL

85 Zip Code

34470-6693

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's signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PRESIDENT - DIRECTOR

STREET ADDRESS MARY E. SAWAYA

CITY-ST-ZIP 303 N.E. 1st Ave

OCALA, FL 34470-6693

TITLE ☐ DELETE

NAME TREASURER - SECRETARY - DIRECTOR

STREET ADDRESS JOHN H. GHANAM

CITY-ST-ZIP 303 N.E. 1st Ave

OCALA, FL 34470-6693

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. GHANAM

4-22-96

Date

(352) 867-1222

Daytime Phone #

CR2E034 (12/95)