

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035635 (8)

1. Corporation Name

RAVEN'S CASTLE INC



Principal Place of Business

P.O. BOX 150939
CAPE CORAL FL 33915-0939

Mailing Address

P.O. BOX 150939
CAPE CORAL FL 33915-0939

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

65-0584734

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

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

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILBERT, NENA
1214 NE 5TH PLACE
CAPE CORAL FL 33909

81 Name

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

83

84 City

FL

85 Zip Code

14. 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 from block 9, new layout, 11/1/95

Signature typed or printed from block 10, new layout, 11/1/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME JEFF SLAVEN
STREET ADDRESS 119-A SE 24th AVE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE VICE-PRES.
NAME THOM FILBERT
STREET ADDRESS 1214 NE 5th PLACE
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE SECT. V
NAME KIMBER SLAVEN
STREET ADDRESS 119-A SE 24th AVE
CITY-ST-ZIP CAPE CORAL, FL 33990

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97. TITLE
98. NAME
99. STREET ADDRESS
100. 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:

Nena Filbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000001886360
-07/08/96--01054--052
***200.00

4-29-96 941 772-7529
05/11/96

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