

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000037768 (5)**

1. Corporation Name

**RAYZ TANNING & NAILS, INC.**

Principal Place of Business

**2980 SE 36 ST.  
OCALA FL 34471**

Mailing Address

**2980 SE 36 ST.  
OCALA FL 34471**

2. Principal Place of Business

**21 507 SW 1st Ave**

Suite, Apt. #, etc.

**22 Ocala**

City & State

**23**

Zip

**24 34474**

Country

**25 Marion**

2a. Mailing Address

**26 507 SW 1st Ave**

Suite, Apt. #, etc.

**27 Ocala, Florida**

City & State

**28**

Zip

**29 34474**

Country

**30 Marion**

9. Name and Address of Current Registered Agent

**YARBROUGH, WILLINE C  
2980 SE 36 ST.  
OCALA FL 34471**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/11/1995**

3a. Date of Last Report

**02/27/1996**

4. FEI Number

**59-3313842**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes ☐ No

10. Name and Address of New Registered Agent

**81 Name Willine C Yarbrough**

**82 Street Address (P.O. Box Number is Not Acceptable)  
6281 NE 60th St**

**83 Silver Springs, Florida**

City

**FL**

Zip Code

**34474**

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 **D** ☐ DELETE

NAME **YARBROUGH, TERRY ANN**

STREET ADDRESS **2980 SE 36 ST.**

CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☒ DELETE

NAME **RODDENBERRY, DEBRA Y**

STREET ADDRESS **4860 NE 110 ST.**

CITY-ST-ZIP **ATHONY FL 32817**

TITLE **D** ☐ DELETE

NAME **YARBROUGH, WILLINE C**

STREET ADDRESS **4485 NE 112 LANE**

CITY-ST-ZIP **ATHONY FL 32817**

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 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: **WILLINE C YARBROUGH**

**0 2 22 344 777 777**

CR2E034 (4/97)