

**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 # P95000043694 (5)**

1. Corporation Name  
**RAFCO, INC.**



Principal Place of Business Mailing Address  
**108 NORTH MAGNOLIA AVE. STE 403**  
**OCALA FL 34475**

3. Date Incorporated or Qualified <b>05/30/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3326555</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>415 N. W. 1st Ave.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ocala, Florida</b> Zip 24 <b>34475</b>	2a. Mailing Address 26 <b>415 N. W. 1st Ave.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ocala, Florida</b> Zip 29 <b>34475</b> Country 30 <b>Marion</b>
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**9. Name and Address of Current Registered Agent**

**COLLINS, LARRY**  
**108 NORTH MAGNOLIA AVE. STE 403**  
**OCALA FL 34475**

**10. Name and Address of New Registered Agent**

81 Name <b>Collins, Larry</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>415 N. W. 1st Ave.</b>
83
84 City <b>Ocala</b>
85 Zip Code <b>FL 34475</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FREEMAN, RICHARD A</b> <b>108 NORTH MAGNOLIA AVE. STE 403</b> <b>OCALA FL 34475</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President</b> <b>Freeman, Richard A.</b> <b>415 N. W. 1st Ave.</b> <b>Ocala, Florida 34475</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Secretary</b> <b>Price, Ferri L.</b> <b>415 N. W. 1st Ave.</b> <b>Ocala, Florida 34475</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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: *Richard A. Freeman* **PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25 APR 96** **352-690 1591**  
Date Daytime Phone #

CR2E034 (12/95)