FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

7949-THIRD AVENUE SOUTH

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000062366 (6)

RAY BLUSH & ASSOCIATES, INC.

7949-THIRD AVENUE SOUTH ST. PETERSBURG FL 33707		7949-THIRD AVENUE SOUTH ST. PETERSBURG FL 33707-1027			
				3. Date incorporated or Qualified 08/11/1995	3a. Date of Last Report 04/24/1996
2. Principal Flace of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3331866	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Ζ φ	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30		Yes W No
	9. Name and Address of Curr	ent Registered Agent	eat N	10. Name and Address of New Re	gistered Agent
BROIDA & MCKINNEY, P.A.			81 Name		
	75TH AVENUE		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)
ST. F	PETE BEACH FL 33708		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Sta	atutes, the above-named co	orporation submits this statement for the p	uroose of changing its registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such chance wi	as authorized by the corpo	oration's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	Signature typical or printed name of registered	agent and tillo if applicable	NOTE Registered Agent a gnature re	equired when reinstating)	DATE
12.	*	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PDTS	DELETE	1.1 TITLE		Change Addition
NAME	BLUSH, RAYMOND P		1.2 NAME		
STREET ADORESS	7949-THIRD AVENUE SOUTH		1.3 STREET ADDRESS		
CHY-\$1-2#	ST. PETERSBURG FL	- Destre	1.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELĒTE	2.1 TITLE		Change Addition
NAME			2.2 NAME	w	1. A. C.
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-SI-Zif		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TURUF NAME		C) officie	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4. CiTY-ST-ZiP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP	,,,,		44 CITY-ST-ZIP		TIA TINE
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
CITY - ST - ZIF		DELETE	5 4 CITY - ST - ZIP 6.1 TITLE		Change Addition
THEF		[] DELETE	6.1 HILE 6.2 NAME		im outling im requirer
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 City-St-ZIP		
14. L do here	L. by certify that the information supp	blied with this filing does not a	ualify for the exemption sta	ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio	will indicated on this annual report of	or supplemental annual report n or the receiver or trustee em	is true and accurate and to powered to execute this re	that my signature shall have the same lega eport as required by Chapter 607, Florida S	al effect as if made under dath: that