

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P95000072069 (4)

1. Corporation Name

R.A.L. DEVELOPMENT COMPANY, INC.

Principal Place of Business

1803 SOUTH 31 STREET
FT PIERCE FL 34947

Mailing Address

1803 SOUTH 31 STREET
FT PIERCE FL 34947-6927

3. Date Incorporated or Qualified
09/18/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 PO Box 906

2a. Mailing Address

26 PO Box 906

4. FEI Number
59-3336167

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

22 City & State

23 Vero Beach Florida

27 City & State

28 Vero Beach Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip

24 32961

25 Country

25 USA

29 Zip

29 32961

30 Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEGG, ROBERT L
1428 21 STREET
VERO BEACH FL 32961

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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	<input checked="" type="checkbox"/> DELETE
NAME	ZARRELLA, MICHAEL D	
STREET ADDRESS	1803 SOUTH 31 STREET	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZARRELLA, JUDITH E	
STREET ADDRESS	1803 SOUTH 31 STREET	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAYMOND SHURTLEFF	
1.3 STREET ADDRESS	PO BOX 906	
1.4 CITY-ST-ZIP	VERO BEACH FLORIDA 32961	N/A
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHERYL SHURTLEFF	
2.3 STREET ADDRESS	PO BOX 906	N/A
2.4 CITY-ST-ZIP	VERO BEACH FLORIDA 32961	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL SHURTLEFF

4/29/97 (S61) 562-7532

0473391

CR2E034 (9/96)