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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000084626 (7)

1. Corporation Name

C RAY INVESTMENTS, INC.



Principal Place of Business

Mailing Address

1154 ALFONSO AVE
370 MINORCA AVE
CORAL GABLES FL 33146
US

200 SOUTH 23RD
SUITE E1
BOZEMAN MT 59718-3965
US

3. Date Incorporated or Qualified
11/01/1995

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 1154 ALFONSO AVE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 CORAL GABLES, FL

28 City & State

24 Zip 33146

25 Country US

29 Zip

30 Country

4. FEI Number
65-0615627

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMSON, JOHN M
THE LAW CENTER, SUITE ONE
370 MINORCA AVE.
CORAL GABLES FL 33134

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STINNETT, CHRISTOPHER C
STREET ADDRESS 200 S 23RD SUITE E 1
CITY-ST-ZIP BOZEMAN MT

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP BOZEMAN MT 59718

TITLE VPD
NAME STINNETT, MICHELE G
STREET ADDRESS 200 S 23RD SUITE E 1
CITY-ST-ZIP BOZEMAN MT

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP BOZEMAN MT 59718

TITLE ST DIRECTOR
NAME STINNETT, RAYMOND C
STREET ADDRESS 200 S 23RD SUITE E 1
CITY-ST-ZIP BOZEMAN MT

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP BOZEMAN MT 59718

TITLE DIRECTOR
NAME THEA N. STINNETT
STREET ADDRESS 200 S. 23RD, Suite E-1
CITY-ST-ZIP BOZEMAN, MT 59718

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond C. Stinnett Sec

2-4-97

406-597-9090

Date

Daytime Phone #

CR2E034 (9/96)