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

PROFIT CORPORATION ANNUAL REPORT

1998

CICMATHDE.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

May 08 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018448 (6)

RAY-LYNN DEVELOPMENT CO., INC.

Principal Place of Business Mailing Address 2123 N.E. COACHMAN ROAD 2123 N.E. COACHMAN ROAD SUITE A SUITE A DO NOT WRITE IN THIS SPACE CLEARWATER FL 34625 CLEARWATER FL 34625 3. Date Incorporated or Qualified 02/23/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3373148 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z \phi$ Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes. ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LITTLE, THOMAS C 2123 N.E. COACHMAN ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE A 83 **CLEARWATER FL 34625** 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 protect name of registered agent and for if applicable (NCITE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE PD 1.1 TITLE LITTLE. THOMAS NAME 12 NAME 2123 N.E. COACHMAN ROAD, SUITE A STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZiP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZiP DELETE Change TITLE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I 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 suppliemental ariqual eport 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adminishment with an address.

-19-98

811-443-5713