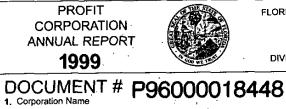
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION -ANNUAL REPORT

1999

RAY-LYNN DEVELOPMENT CO., INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 04, 1999 8:00 am Secretary of State 05-04-1999 90093 012 \*\*\*150.00

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	Y							
Principal Place	e of Business	Mailing Address						
UITE A	CHMAN ROAD	2123 N.E. COACHMAN RO SUITE A	AD		DO NOT WRITE IN THIS SPACE			
LEARWATER F	FL 34625	CLEARWATER FL 34625			3. Date Incorporated or Qualified			
	•				02/23/1996		ľ	
N D-1	Mana of Dissipance	2a. Mailing Address			4. FEI Number	Apr	olied For	
z. Principai P ¬	Place of Business	— <u> </u>			59-3373148	- <del> </del>	Applicable	
Suite, Apt.	# oto	26) Suite, Apt. #, etc.		<del></del>		\$8.75 A	<del></del>	
Suite, Apt.	#, <del>G</del> IC.	27			5. Certifcate of Status Desired	Fee Red		
City & State City & State		<del></del> -	<del></del> -	6. Election Campaign Financing	\$5.00	May Be		
3		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	ntangible		
4	25	29	30		Personal Property Tax.	Yes	No	
<u>*I</u>	9. Name and Address of Curr	<del></del>	15-		10. Name and Address of New Registere	d Agent		
				81 Name			_ ]	
LITT	LE, THOMAS C			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
2123	3 N.E. COACHMAN ROAD			Street Addi	ress (F.O. Box Humber is Not Acceptable)			
SUIT	TE A			83		<u> </u>		
CLE	ARWATER FL 34625						'ada	
				84 City	F	85 Zip C	ode	
office or I	registered agent, or both, in the Sta am familiar with, and accept the obli	gations of, Section 607.0505, F	orida Stat	utes.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	pistered	
	Signature, typed or printed name of registered a		<del></del>	d Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.		AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO CIT TOLING	Change	Addition	
MILE	PD THOMAS		1.1 V				_	
NAME	LITTLE, THOMAS	D CHITE A						
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14. I hereby certify that the information suppored with this filling 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 supportmental 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 of 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, of on an attachment with an address with all other like empowered.

**SIGNATURE:**