

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90002 026 ***550.00

DOCUMENT # **P96000066381** ✓
Corporation Name

RAYL ENTERPRISES, INC.

Principal Place of Business

6 HOG BAY RD
ARCADIA FL 34266

Mailing Address

11806 HOG BAY ROAD
ARCADIA FL 34266



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

30

3. Date Incorporated or Qualified

08/09/1996

4. FEI Number

59-3399328

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAYL, BARRY J
11806 HOG BAY ROAD
ARCADIA FL 34266

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

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P ☐ DELETE
RAYL, BARRY J
11806 HOG BAY RD
ARCADIA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

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

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Barry J. Rayl *Barry J. Rayl* *Barry J. Rayl*

CR2E034 (5/99)

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612578-90002-240

KANG'S FORM 46

Know All Men By These Presents

That I,

have made, constituted and appointed, and by these presents do make, constitute and appoint Carolyn J. Rayl
wife

(relationship, if any)

as true and

lawful attorney for me and in my name, place and stead, notwithstanding a later disability or incapacity to perform all acts, and have all powers outlined in Florida Statutes 709.08. This Durable Power of Attorney shall not be affected by disability of the principal except as provided by statute.

Giving and granting unto Carolyn J. Rayl said attorney, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

In witness whereof, I have hereunto set my hand and seal the 30 day of December in the year one thousand nine hundred and 98
Sealed and delivered in the presence of

Witness Signature

Printed Name

Signature

Printed Name

Printed Address

STATE OF FLORIDA
COUNTY OF JACKSON

I hereby certify that on this day, before me, an officer duly authorized to administer oaths, and take acknowledgments, personally appeared Barry J. Rayl

known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken. (Check one) ☒ Said person(s) were personally known to me. ☐ Said person(s) provided the following type of identification: PRISON D.D. CARD

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this 30 day of Dec 1998

Notary Signature

Printed Name



Clairne P. Garrison
MY COMMISSION # CG608530 EXPIRES
October 30 1999