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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

RAY FINANCIAL SERVICES INC.

Principal Place of Business

Mailing Address

9225 BAY PLAZA BLVD

P.O. BOX 3357

424

BRANdON FL. 33509-3357

TAMPA FL. 33619				3. Date Incorporated or Qualified 9-3-96	3a. Date of Last Report
Principal Place of Business				4. FEI Number	Applied For
	BAY PLAZA BLUD.	1 a	7257	59 33 98 23 4	Not Applicable
Suite, Apt.	#, elc.	26 <i>P.O.</i> Box : Suite, Apt. #, etc.	·c·-/		¢0.75
22 #	424	27	-	5. Certificate of Status Desired	Fee Required
City & Stat		Cily & State	5-1	6. Election Campaign Financing	\$5.00 May Be
23 TAM		28 BRAWON	r L	Trust Fund Contribution	Added to Fees
Zip 24 3 36/9	Country 25 USA	29 33509-3357	Country 30 USA	8. This corporation has liability for i	
24 3 36 7 25 4 29 557 7 30 30 30 30 30 30 30			30 477	Florida Statutes L 10. Name and Address of New Reg	Yes No
81 Name of A					
	esser) Relle	PHARLES O. YOUNG			
1 PERENT TO A STREET AUDIE				ddress (P.O. Box Number is Not Acceptable) 25 BAy PLAZA BLVD # 424	
813 E. Blooming Ale AVR. SUITE 182 BB3 TEES DAY PLACE OUD 4 429					
DFA	NOW FL. 37711		84 City Tha	40A	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 objection 607.0505, Florida Statutes.					
SIGNATURE Charles C. Spring 5-7.97					
Signature, typed or printed name of registered aggridulatilitie if aggridulo (NO16 Registered Agent signature recoursed when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PRESIDENT 2111	DELETE	1.1 101.0	President	Change Addition
NAME	FORREST D. Riddle		1.2 NAME	CHARLES O. YOUNG	
STREET ADDRESS	SAME AS 9 ABOVE		1.3 STREET ADDRESS	•	
CITY-ST-ZIP		XI DELETE	1.4 CITY - ST-7IP	SAME AS 10 ABOVE	
TITLE	SCIRCTARY BRILLE	MT DETELE	21 TITLE	SECRETARY Charles O Young	Change Addition
NAME Street Nooress	POREIST IS MIDDLE		2 2 NAME	CHARLIS O YOUNG	Ì
CITY-ST-ZIP	SAME AS 9 480VE		2.3.51BH LANDBESS L		
TITLE	,	DETETE	2 4 CITY-ST-7IP	SAME AS 10 APOVE TREASURER	Change Addition
NAME	TREASYRER FORKEST RIDGE	Ya secret			Contraction Control (1991)
STREET ADDRESS			33 STREET ADDRESS	ChARLIS O. YOUNG	
CITY-ST-ZIP	SAMA AS 9 ABOVE			SAME AS N ABOVE	
TITLE		☐ DELETE	41 TITLE	HE IN FIGURE	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - 2IP		_ \
TITLE		☐ D€LĒTE	5 1 7171.6		Change Addition
NAME			5 2 NAME	<i>UII</i> n	18°
STREET ADDRESS			5.3 STREET ADDRESS		·)
CITY-ST-ZIP			5.4 CITY - ST - ZIP	* '	Υ΄
TITLE		☐ DELE1€	61 TALE		Change Addition
NAME			6.2 NAME	60000220 -06/06/970101	ವಗವರ
STREET ADDRESS			63 STREET ADDRESS	-U6/U6/3(U1U1 ***165 BD	2-012
ACTY OF TIP			F - 4 - 6 7 - 1 - 7 - 4	海海洲 155、131	1

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 trustce empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if planged, or on an attachment with an address

SIGNATURE:

SIGNATURE: