

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR 1998-1999 AR

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

DOCUMENT # P96000073551

1. Corporation Name
RAY FINANCIAL SERVICES INC.

Principal Place of Business
509 S. ST. CLOUD
VALRICO FL 33594

Mailing Address
P.O. BOX 3370
BRANDON, FL 33509

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 9-3-96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3398234	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Charles O. Young	509 S. ST. CLOUD	VALRICO FL 33594
VICE	Jeanette L. Young	" "	" " "

800002774168--7
-02/12/99--01071--013
******300.00 ****300.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Charles O. Young
509 S. ST. CLOUD
VALRICO FL 33594

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Charles O. Young**
 REGISTERED AGENT MUST SIGN

Date **2-3-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Charles O. Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99

Date **813-661-8313**
 Daytime Phone #

CR2001 (12/98)

02-03-1999

To Whom,

Upon advise of your customer service operator I am requesting a one time waiver of fines for failure to file in 1998. I did not receive the necessary notice for renewal. The enclosed fees are for 1998 and 1999.

Thank you for your consideration.

Charles Young

