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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #P94000079243(7)

RARA SERVICES, INC.

FILED May 06 1998 8:00am Secretary of State

•	ce of Business	Mailing Address			
4567 N.E. 645t. 4567 N.E. 645t. Ocala, FL 34470-1553 Ocala, FL 34470-1			LSt.		
Meal	Dealar El 34470-1563 Ocalar El 34470			DO NOT WRITE IN THIS SPACE	
CCCC		5 (+O[L]	בכפריטן דידיי	3. Date Incorporated or Qualified	
				08/23/1996	
2. Principal F	Place of Businesis	2a. Mailing Address		4. FEI Number	Applied For
21 454	07 N.E. 6th St. 26 4567 N.E. 6th St.		ust,	74-6406994	Not Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Communication of Control provides	Fee Required
City & Stat	le El	City & State		6. Election Campaign Financing	\$5.00 May Be
23 CCA	Country	28 OCALA, FL	Country	Trust Fund Contribution	Added to Fees
Zip	170-1555 USA	29 3447(7-155380)	USA-	 This corporation owes or has paid the corporation owes or has paid the corporation. Personal Property Tax due June 30. 	urrent year Intangible Yes 🛣 No
24 344	9. Name and Address of Current R		737	1D. Name and Address of New Registered	
17-		entered Agorn	81 Name		
BROOKS, BETTY H.					
4567 N.E. 6th STREET			82 Street Address (P.O. Box Number is Not Acceptable)		
4567 N.E. 6th STREET OCALA, FL 34470-1553			83		•
.	101111 344 10-13	.J J		<u>, _ , _ , _ , _ , _ , _ , _ , _ , _ , _</u>	
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502 a	nd 607.1508. Florida Statutes. Ih	e above-named corp	poration submits this statement for the purpose	of changing its registered
office or	registered agent, or both, in the State of	Fiorida, Such change was author	rized by the corporat	on's board of directors. I hereby accept the ap	pointment as registered
	am familiar with, and accept the obligation	ns or, Section 607.0505, Florida -	Statules.	04-1271	1998
SIGNATURE	Special to Brook	BETTYH. BR	Stored Agent signature requir		1 1 8
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	7	DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	DAVID MAYSON BROOKS	<u> </u>	1.2 NAME		
STREET ADDRESS	45107 N.E. COTHSTREE	ET I	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470-15	53	1.4 C(1) Y - ST - 7/P		
TITLE			1 TITLE		Change Addition
NAME			2 NAME		
STREET ADDRESS		1	3 STREET ADDRESS		
CITY - ST - ZIP	1	2	2 4 CITY-ST-7IP		
TITLE		DELETE 3	3.1 TITLE		Change Addition
NAME		3	3.2 NAME		
STREET ADDRESS		3	3 STREET ADDRESS		
CITY-ST-ZIP		3	4 CITY-ST-ZIP		
TITLE		DELETE 4	LI TITLE	***	☐ Change ☐ Addition
NAME			I. 2 NAME		
STREET ADDRESS	1		1.3 STREET ADDRESS		
CITY-ST-ZIP		4	I 4 CITY - ST - ZIP		
TITLE			S.1 TITLE		Change Addition
NAME		5	5.2 NAME.		45
STREET ADDRESS		5	5.3 STREET ADDRESS		ما کیم
CITY-ST-ZIP	[5 4 CITY - ST - ZIP		5.4
TITLE			5.1 TOLE		☐ Change ☐ Addition
NAME			S.2 NAME	200000	
STREET ADDRESS	1		3.3 STREET ADDRESS	200002517: -05/11/9801013-	783
CITY, ST. 7/P			S 4 CHTY-ST-7IP	93/11/38U[U]3	-029

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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 chapter 6, or on an attraction with an address.

DAVID MAYSON BROOKS 04/27/1994 352-694-6088