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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000081723 (4)

1. Corporation Name  
J. RAWN ENTERPRISES, INC.



Principal Place of Business  
11780 U.S. HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH FL 33408

Mailing Address  
11780 U.S. HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH FL 33408-3075

3. Date Incorporated or Qualified  
10/01/1996

3a. Date of Last Report

2. Principal Place of Business  
21 1204 WHITE Pine DR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1204 WHITE Pine DR  
Suite, Apt. #, etc.

4. FEI Number  
65-0697117

Applied For  
Not Applicable

22 City & State  
23 WEST Palm Beach

27 City & State  
28 WEST Palm Beach

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33414 Country  
25 Palm Bch

29 33414 Country  
30 Palm Bch

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FHS CORPORATE SERVICES, INC.  
11780 U.S. HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH FL 33408

81 Name  
John D. Rawn  
82 Street Address (P.O. Box Number is Not Acceptable)  
1204 WHITE Pine DR  
83  
84 City  
WEST Palm Beach FL 85 Zip Code  
33414

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John D. Rawn PRES 4/15/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME John Rawn  
STREET ADDRESS 11780 U.S. Highway One  
CITY-ST-ZIP Suite 300 North Palm Beach, FL 33408

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1204 WHITE Pine DR  
1.4 CITY-ST-ZIP WEST Palm Beach, FL 33414

TITLE VP  
NAME Jack Rawn  
STREET ADDRESS 11780 U.S. Highway One  
CITY-ST-ZIP Suite 300 North Palm Beach, FL 33408

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME Bonnie J. Rawn  
STREET ADDRESS 11780 U.S. Highway One  
CITY-ST-ZIP Suite 300 North Palm Beach, FL 33408

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 1204 WHITE Pine DR  
3.4 CITY-ST-ZIP WEST Palm Beach, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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: John Rawn President April 3, 1997 561-753-0608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)