

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90081 022 \*\*\*150.00

DOCUMENT # P97000106562

1. Corporation Name  
RAY SERVICES, INC.

Principal Place of Business

2406 HARPER STREET  
JACKSONVILLE FL

Mailing Address

P.O. BOX 40849  
JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

59-3483245

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7014 A C SKINNER PARKWAY

2a. Mailing Address

26 7014 A C SKINNER PARKWAY

22 Suite, Apt. #, etc.  
SUITE 290

27 Suite, Apt. #, etc.  
SUITE 290

23 City & State  
JACKSONVILLE FL

28 City & State  
JACKSONVILLE FL

24 Zip 32256 Country USA

29 Zip 32256 Country USA

9. Name and Address of Current Registered Agent

FALLS, NANCY F  
2406 HARPER STREET  
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name

ADDRESS CHANGE ONLY

82 Street Address (P.O. Box Number is Not Acceptable)

7014 A C SKINNER PARKWAY SUITE 290

83

84 City

JACKSONVILLE

FL

85 Zip Code  
32256

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME PETER R OSTERMAN, JR  
STREET ADDRESS 2406 HARPER ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE VP ☐ DELETE  
NAME JAMES D FRANCIS  
STREET ADDRESS 2406 HARPER ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE VP ☐ DELETE  
NAME J. G. RAY JR  
STREET ADDRESS 2406 HARPER ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE S ☐ DELETE  
NAME NANCY F FALLS  
STREET ADDRESS 2406 HARPER ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME AUBREY L EDGE  
1.3 STREET ADDRESS 7014 A C SKINNER PARKWAY, SUITE 290  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290  
2.4 CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290  
3.4 CITY-ST-ZIP JACKSONVILLE FL 32256

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290  
4.4 CITY-ST-ZIP JACKSONVILLE FL 32256

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

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

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aubrey L. Edge

04/27/99

904/596-3200

Date

Daytime Phone #

CR2E034 (11/98)