04221999-90048-024-$150.00-$150.00

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90048 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000002814**

1. Corporation Name
RAVEN BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
759 S FEDERAL HWY. STE 200 POST OFFICE BOX 3209 STUART FL 34995-3209	759 S FEDERAL HWY. STE 200 POST OFFICE BOX 3209 STUART FL 34995-3209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1998

4. FEI Number: 65-0802768 ☐ 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	2a. Mailing Address
21 735 Colorado Avenue, #6	26 735 Colorado Avenue, Ste #6
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Stuart FL	27 Stuart FL
City & State	City & State
23 34994 USA	28 34994 USA
Zip / Country	Zip / Country
24 25	29 30

9. Name and Address of Current Registered Agent

RALICKI, DAVID A
759 S FEDERAL HWY, STE 200
POST OFFICE BOX 3209
STUART FL 34995-3209

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 735 Colorado Avenue, Suite #6
83
84 City: STUART FL 85 Zip Code: 34994

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition President & Treasurer David A. Ralicki 735 Colorado Avenue, Suite #6 Stuart, FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition Vice-President Ottie McCullum 735 Colorado Avenue, Suite #6 Stuart, FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition Robert Thomas Secretary 735 Colorado Avenue, Suite #6 Stuart, FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/19/99 (561) 282-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR2E034 (11/98)