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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90080 014 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000074112

1. Corporation Name

THE OFFICIAL RAGIN'RAT PRODUCTS COMPANY, INC.

Principal Place of Business

1220 EDWARDS LANE
ORLANDO FL 32804

Mailing Address

1220 EDWARDS LANE
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

2. Principal Place of Business

21 34526 State Road 44

Suite, Apt. #, etc.

22 City & State

23 Deland, FL

24 Zip Country

32721 U.S.A.

2a. Mailing Address

26 49A East Third Street

Suite, Apt. #, etc.

27 Suite A

City & State

28 Apopka, FL

29 Zip Country

32703 U.S.A.

4. FEI Number

58-2425709

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

9. Name and Address of Current Registered Agent

SHEPPARD, SCOTT O
1220 EDWARDS LANE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

David Dumke

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

49A East Third Street

83

Suite A

84 City

Apopka

FL

85 Zip Code

32703

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

David Dumke
Signature, typed or printed name of registered agent and file if applicable.

David Dumke, V.P.

03/31/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE
NAME SHEPPARD, SCOTT O
STREET ADDRESS 1220 EDWARDS LANE
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☒ DELETE
NAME SHEPPARD, SCOTT O
STREET ADDRESS 1220 EDWARDS LANE
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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,D ☒ Change ☐ Addition
1.2 NAME Sheppard, Scott O.
1.3 STREET ADDRESS 1220 Edwards Lane
1.4 CITY-ST-ZIP Orlando, FL 32804

2.1 TITLE V,D ☐ Change ☒ Addition
2.2 NAME Dumke, David
2.3 STREET ADDRESS 2103 Hontoon Road
2.4 CITY-ST-ZIP Deland, FL 32730

3.1 TITLE S,D ☐ Change ☒ Addition
3.2 NAME Woodall, James
3.3 STREET ADDRESS 160 Lazy Circle
3.4 CITY-ST-ZIP Casselberry, FL 32707

4.1 TITLE T,D ☐ Change ☒ Addition
4.2 NAME Rice, David
4.3 STREET ADDRESS 802 Sweetbriar Road
4.4 CITY-ST-ZIP Orlando, FL 32806

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:

David Dumke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Dumke, V.P. 03/31/99 407/884-8918

Date

Daytime Phone #

CR2E034 (1/198)