02221999-90094-006-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094238

1. Corporation Name

RAY C. AUTOS, INC.

Principal Place of Business	Mailing Address
5971 ANNO AVE. ORLANDO FL 32809	5971 ANNO AVE. ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/06/1996

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc. 22		Suite, Apt #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

4. FEI Number 59-3541241 — 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

n. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PROM, STEPHEN G ESQ.
3100-BARNETT CENTER, 50 N. LAURA ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name JAMES R. BOUNDS
82 Street Address (P.O. Box Number is Not Acceptable) 1701 SIMONTON AVENUE
83
84 City ORLANDO FL 85 Zip Code 32806

11. Pursuant to the provisions of Section 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 1/7/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	BOUNDS, RAYMOND C		1.2 NAME		
STREET ADDRESS	1701 SIMONTON AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	BOUNDS, JAMES R		2.2 NAME		
STREET ADDRESS	1701 SIMONTON AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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   1/7/99   407-857-5777
Date   Daytime Phone #

CR2E034 (11/98)