

NOTE: FILING FEE AFTER MAY 1ST IS \$550.00

ANNUAL REPORT



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

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DOCUMENT # S03195

1. Corporation Name
RAINES 5123, INC.



Principal Place of Business

5123 E. BROADWAY AVE.
TAMPA FL 33619
US

Mailing Address

1624 CARIBBEAN DRIVE
SARASOTA FL 34231
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1990

4. FEI Number
59-3030165

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 Suite, Apt. #, etc.

26 7350 So. TAMiami TRAIL
#226

23 City & State

27 City & State
SARASOTA, FL

24 Zip Country

29 34231 30 SARASOTA

9. Name and Address of Current Registered Agent

ROBINSON, DANIEL E
1624 CARIBBEAN DRIVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 ~~RAINES 5123 INC DANIEL E. ROBINSON~~
82 Street Address (P.O. Box Number is Not Acceptable)
83 5123 E. BROADWAY AVE.
84 City TAMPA FL 85 Zip Code 33619

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: DANIEL E. ROBINSON, PRES 4/1/99

Signature, typed or printed name of registered agent and title if applicable (NOT a Registered Agent Signature for a Limited Liability Company)

12. OFFICERS AND DIRECTORS

TITLE PST
NAME ROBINSON, DANIEL E
STREET ADDRESS 1624 CARIBBEAN DR
CITY-ST-ZIP SARASOTA FL

TITLE V
NAME ROBINSON, JOANNE
STREET ADDRESS 1624 CARIBBEAN DR
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 7350 So. TAMiami TRAIL #226
1.4 CITY-ST-ZIP SARASOTA, FL. 34231

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 7350 So. TAMiami TRAIL, #226
2.4 CITY-ST-ZIP SARASOTA, FL. 34231

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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: DANIEL E. ROBINSON 4/1/99 (813)348-6625

CR2E034 (11/98)