FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 03 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (5) EL RAY DEVELOPMENT, INC. Principal Place of Business Mailing Address 1603 US 19 1003 US 18-HOLIDAY-FL 34691 HOLIDAY PL 54001 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1991 26. Mailing Address
26. 25.35 SUCCESS DR 2. Principal Place of Business 4. FFI Number Applied For 2535 SUCCESS 59-3060020 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be **ODESSA** O Dessa Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible PASCO Personal Property Tax due June 30. Yes ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Kichard BAKER, RICHARD W 1803-US HWY-19-HOLIDAY FL 04091 ODESSA 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 familia, with, and accept the poligations of, Section 607.0505, Florida Statutes. **SIGNATURE** and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ■ DELETE 1.1 TITLE TITLE SPEER, LYNNDA L 1.2 NAME NAME 35 3UCCESS 1803 US-19-1.3 STREET ADDRESS STREET ADDRESS HOLIDAY FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition ŠTD 2.1 TITLE TITLE BAKER, RICHARD W 2.2 NAME NAME 1003 US HWY 19 STREET ADDRESS 2.3 STREET ADDRESS HOLIDAY FE CITY-ST-ZIP 2 4 CITY-ST-ZIP ■ DELETE Change Addition 3.1 TITLE TETLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 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.

6.4 City - St - 7IP

61 TITLE

6.2 NAME

DELETE

THIF NAME

STREET ADDRESS

CITY-ST-ZIP

Addition