FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

S93455

(1)

RAGLAND CONSTRUCTION AND MANAGEMENT, INC.					
Principal Place of Business		Mailing Address 902 CLINT MOORE ROAD SUITE 104 BOCA RATON FL 33487			BINI BIBII BIBIR BIBIR BIBIR BIBIR BIBIR BIBIR 1281
902 CLINT MOORE ROAD SUITE 104 BOCA RATON FL 33487				3. Date Incorporated or Qualified 11/07/1991	3a. Date of Last Report 04/14/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0293041	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Constant	760	Country	This corporation has liability for	
2ip	Country 25	Ζφ 29	30		No
24	9. Name and Address of Currer		1301	10. Name and Address of New F	Registered Agent
	<u> </u>	· ====================================	81 Napap	11 0 600	
GADGAN	O, RONALD A.		82 Street Ad	mad A. Gar dress (P.O. Box Number is Not Acceptal	gario
	T MOORE RD		182 31190	D Andrews A	Venue 5-100
SUITE 10			83		
	ATON FL 33487		84 City		85 7jo Code
			- Lilean	-ov/ Beach	- FL! 33 <i>4</i> 8 <i>3</i>
11. Pursuant to	o the provisions of Sections 607.050:	2 and 607.1508, Florida Statut	es, the above named corp	poration submits this statement for the public of directors. Thereby accept the app	rpose of changing its registered office
or registere familiar wit	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec.	ida. Such change was aurionz tion 607.0505, Florida Statute:	леа бултне согрогаціон 5 бе 5.	DATE OF OTRECTARY THIS EDY accept the app	A TOGISTOR AS TOGISTOR A MOST A TO
SIGNATURE					
	Styriature, typinal in predection residence of respect on a diger		THE Regular of Agent Signal to the		DATE FICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13.		
TIFLE	D	T ntrut	1 1 1//LF	790 Andrews 1 Delray Bead	A critical
NAME	GARGANO, RONALD A		1.2 NAME	790 Andrews 1	Hienue 3-100
STREET ADDRESS	902 CLINT MOORE ROAD		13 STREET ADDRESS	Nelvay Bead	1 F1-33483
CITY - ST - ZIP	BOCA RATON FL	☐ DELETE	14 C TY - ST - ZIE 2 1 II'LE	Dell'ay Face	Change Addition
TITLE	VP DOCANNE	ריז מננית	2 2 NAME	,	
NAME CARCAL ADDRESS	GARGANO, ROGANNE 6367 NW 26TH TERRACE		2.3 STHEET ADDRESS		
STREET ADDRESS			2 4 City St ZiF		
CITY-ST-ZIP TITLE	BOCA RATON FL	["] DELETE	3 1 TILE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP			34 CiTY SL ZIP		
TITLE		DELETE	4 1 1114		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY+SI+ZIF		
TITLE		DELETE	S 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY - ST - ZIP			5.4 CI*Y - \$1 - 7IP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
DITY-ST-ZIP			6 4 CITY - ST - ZIP		

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). Florida Statutes. I further certify that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; 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 it chapter, or on an attachment within an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

4-29-94 407-243-6400

CR2E034 (12/95)