

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V15363 (7)**

1. Corporation Name  
**PETE & RAY, INC.**



Principal Place of Business RT. 3 BOX 454 TRENTON FL 32693	Mailing Address 1935 S.E. HWY. 19 CRYSTAL RIVER FL 34429 US
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2. Principal Place of Business 21 <b>15451 NW 50 AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 <b>TRENTON FL</b> City & State	27 City & State
23 <b>TRENTON FL</b> City & State	28 City & State
24 <b>32693</b> Zip 25 <b>Levy</b> Country	29 <b>32693</b> Zip 30 <b>US</b> Country

3. Date Incorporated or Qualified <b>02/19/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3102450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BUSSARD, BARBARA**  
**RT. 3 BOX 454**  
**TRENTON FL 32693**

10. Name and Address of New Registered Agent **CHANGE**

81 Name  
**ADD**

82 Street Address (P.O. Box Number is Not Acceptable)  
**15451 NW 50 AVE**

83 **TRENTON**

84 City

85 Zip Code  
**FL 32693**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BUSSARD, W.A.</b>		1.2 NAME
STREET ADDRESS <b>RT. 3 BOX 454</b>		1.3 STREET ADDRESS <b>15451 NW 50 AVE</b>
CITY-ST-ZIP <b>TRENTON FL</b>		1.4 CITY-ST-ZIP <b>TRENTON FL 32693</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>D. BUSSARD, BARBARA</b>
STREET ADDRESS		2.3 STREET ADDRESS <b>15451 NW 50 AVE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>TRENTON FL 32693</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: **BARBARA BUSSARD** **4-28-97** **352 495-2070**

CR2E034 (9/96)