

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V16157 (2)  
1. Corporation Name  
RAIRIGH STUCCO, INC.



Principal Place of Business

Mailing Address

9217 LAZY LANE  
TAMPA FL 33614  
US

9217 LAZY LANE  
TAMPA FL 33614  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1992

4. FET Number

59-3117093

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 or has paid the current year Intangible  
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

21 1506 E. BEARSS AVE.  
Suite, Apt. #, etc.

22

City & State

23 LUTZ, FLORIDA  
Zip Country

24 33549

25 U.S.A.

2a. Mailing Address

26 1506 E. BEARSS AVE.  
Suite, Apt. #, etc.

27

City & State

28 LUTZ, FLORIDA  
Zip Country

29 33549

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAIRIGH, RAYMOND L  
9217 LAZY LANE  
SUITE 603  
TAMPA FL 33614

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of person providing information and required to provide this information

(Note: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME RAIRIGH, RAYMOND L.  
STREET ADDRESS 15511 NORTH FLORIDA AVE.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE V  
NAME RAIRIGH, RAYMOND R  
STREET ADDRESS 9217 LAZY LANE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VS  
NAME RAIRIGH, RAYMOND L JR  
STREET ADDRESS 9217 LAZY LANE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS 1506 E. BEARSS AVE.  
14 CITY-ST-ZIP LUTZ, FL 33549

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS 1506 E. BEARSS AVE.  
24 CITY-ST-ZIP LUTZ, FL 33549

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS 1506 E. BEARSS AVE.  
34 CITY-ST-ZIP LUTZ, FL 33549

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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

SIGNATURE:

4/16/98

813/971-7733

CR2E034 (10/97)