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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REF	PORT	Secretary of State DIVISION OF CORPORATIONS			··	Secretary of State			
1	CUMENT rporation Name RAVATT'S GU	"# V2028 9 PLFCOAST PAINTIN	` '							
Principal Place of Business Maiting Address								- £ £80% Alfain fidit Advin Ivani fásið sam arbit ætætt í	TIBLI BLOST BIBL	I 61614 1664
7346 TROPICAL LANE BOKEELIA FL 33922			P.O. BOX 295 Bokeelia Fl. 33922 Us					DO NOT WRITE IN THIS S	BPACE	
ĺ								3. Date Incorporated or Qualified		
2. Prii	ncipal Place of Bus	siness	2a. Mailing Address					03/09/1992 ` 4. FEI Number		plied For
21			26	h *				65-0318468	———·	t Applicable
Sui	ite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22 Cit	v & State		City & State					& Floring Compaign Singular		equired
23	y a clate		28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Z ip	,	Country Zip Co			untry			8. This corporation owes or has paid the curr		~ ~ I
24		25	29	30				Personal Property Tax due June 30. 10. Name and Address of New Registered A		J No
		e and Address of Curre	nt Registered Agent		81	Name		10. Name and Address of New Registered A	gent	
GRAVATT, CLYDE T II									·	
7346 TROPICAL LANE BOKEELIA FL 33922					62	Street	Addre	ess (P.O. Box Number is Not Acceptable)		
DONEBERT I C GOOZE					83					
					84	City			85 Zip (Code
								FL FL		
11. Po	ursuant to the provi lice or regi <mark>ste</mark> red a	isions of Sections 607 050 igent, or both, in the State	02 and 607.1508, Florida Stat a of Florida, Such change wa	lutes, the e is authorize	ibove ed by	e-named the cor	orpo poratio	pration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing it pintment as	s registered registered
		with, and accept the oblig	gations of, Section 607.0505,	Florida Sta	nutes	3,				}
SIGNA	ATURE Signature, type	nd or printed name of tegestered ag	yent and life if applicable (N	IOTE Registere	ed Age	nt signature	е гедоте	d when reinstating) DATE		
12.		OFFICERS AN	ND DIRECTORS	13.			т	ADDITIONS/CHANGES TO OFFICERS AND		
THTLE	P	TTI	DELETE	1.1.1]		Change	Addition
NAME STREET		itti, clyde t II Ropical Lane			AME TOCET	ADDRESS	i			
CITY-ST				1			i			
TITLE	VP VP	BOLEEUA FL VP DELETE			1 4 CITY-ST-ZIP 2 1 TITLE				Change	☐ Addition
NAME	SABIN,	JACK		2.2 N	IAME					
STREET	address 7346 T	ROPICAL LANE		2,3 9	STREET	ADDRESS	1			
CITY-ST	-ZIP BOKEE	LIA FL		2 41	CITY-S	T-ZIP	ļ <u>.</u>			
TITLE	8	= -			ITLE				L Change	☐ Addition
NAME		ITT, ERICA E			MAME TOTAL	1000000				
CITY-ST	1	ROPICAL LANE				ADDRESS IT-ZIP				
TITLE	-Zii DONLL	<u>un i c</u>	DELETE	4.1 [11-211			Change	Addition
NAME				4.21	NAME		1			
STREET /	ADDRESS			4.3 \$	TREET	address				
CITY-SI	- ZIP				ITY-S	T-7IP	ļ		 	
TITLE	-		DELETE	5.1 T					Change	Addition
NAME	I DADECC				AME	4DDbree				
STREET A					HREET HTY-S	ADDRESS	}			
TITLE	- ER		DELETE	6.1 T) 1 £ IF	 		Change	Addition
NAME					IAME					
STREET	ADDRESS			6.3 S	TREET	ADDRESS	}			}
CITY-ST	- ZIP			6.4 0	ITY-S	1 - ZIP				Ì

14. Thereby 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 suppliemental 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 13 if changed, or on an attachment with an address.

FILED

Jun 02 1998 8:00am