

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **K46200** (7)

95 MAR 14 AM 8:19

1. Corporation Name  
**ROB-RON ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**% LEHMAN R GARRIGA JR  
300 MARY ESTHER CUTOFF  
MARY ESTHER FL 32569**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	4. FEI Number	Applied For		
State, Apt. #, etc.		59-2920858		Not Applicable	
22		5. Certificate of Status Desired		58.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input type="checkbox"/>	
24		25		29	
City & State		City & State		Country	
27		30		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GARRIGA, LEHMAN R. JR 300 MARY ESHTER CUTOFF MARY ESTHER FL 32569</b>				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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIGA, LEHMAN R., JR.	12 NAME	
STREET ADDRESS	1051 QUAIL HOLLOW DR - 120 Scottsdale Ct.	13 STREET ADDRESS	
CITY-STATE-ZIP	MARY ESHTER FL 32569	14 CITY-STATE-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIGA, ROBIN HAMRICK	22 NAME	
STREET ADDRESS	1051 QUAIL HOLLOW DR - 120 Scottsdale Ct.	23 STREET ADDRESS	
CITY-STATE-ZIP	MARY ESHTER FL 32569	24 CITY-STATE-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, except, or on an attached form with an exhibit.

SIGNATURE: Lehman R Garriga, Jr 3/8/95 (904) 244-3587  
DATE PHONE NUMBER