

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 276160

Entity Name: RANON, INC.**Current Principal Place of Business:**5109 N HOWARD AVE
TAMPA, FL 33603-1417**Current Mailing Address:**5109 N HOWARD AVE
TAMPA, FL 33603-1417 US**FEI Number:** 59-1027052**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RANON, CARLOS B
5109 N. HOWARD AVENUE
TAMPA, FL 33603 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP	Title	PRESIDENT
Name	RANON, JOE A. JR.	Name	RANON, CARLOS B
Address	5109 N HOWARD AVE	Address	5109 N HOWARD AVE
City-State-Zip:	TAMPA FL 33603-1417	City-State-Zip:	TAMPA FL 33603-1417
Title	TREASURER	Title	SECRETARY
Name	ASONY, SUZANNE ELIZABETH	Name	HOWELL, BRIAN R.
Address	5109 N HOWARD AVE	Address	5109 N HOWARD AVE
City-State-Zip:	TAMPA FL 33603-1417	City-State-Zip:	TAMPA FL 33603-1417
Title	DIRECTOR		
Name	COLELLI, FRANK		
Address	5109 N HOWARD AVE		
City-State-Zip:	TAMPA FL 33603-1417		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE ASONY**TREASURER****11/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date