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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **482510**

1. Corporation Name
RON SELLERS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
225 S. ORANGE AVENUE SUITE 760 ORLANDO FL 32801 US	225 S. ORANGE AVENUE SUITE 760 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 255 S. Orange Avenue (Suite, Apt. #, etc.)	26 255 S. Orange Avenue (Suite, Apt. #, etc.)
22 Suite 760 (City & State)	27 Suite 760 (City & State)
23 Orlando, FL (Zip / Country)	28 Orlando, FL (Zip / Country)
24 32801 25 US	29 32801 30 US

3. Date Incorporated or Qualifed: 08/08/1975

4. FEI Number: 59-1848050 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SELLER, RONALD F
1615 FORUM PLACE, SUITE 4C
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Sellers, Ronald F.
82 Street Address (P.O. Box Number is Not Acceptable): 4800 Riverside Dr.,
83: Suite 102
84 City: Palm Beach Gardens **FL** 85 Zip Code: 33410

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SELLERS, RONALD F		1.2 NAME	
STREET ADDRESS	4109 HICKORY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, CHRISTOPHER		2.2 NAME	
STREET ADDRESS	138 WARD DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SELLERS, BENJAMIN L.		3.2 NAME	
STREET ADDRESS	1555 FAIRWAY DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, BEVERLY		4.2 NAME	
STREET ADDRESS	138 WARD DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ESTERS, WANDA V		5.2 NAME	
STREET ADDRESS	117 SPRINGHOLLOW BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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, with all other like empowered.

SIGNATURE: Ronald F. Sellers — 4-5-99 — 561-775-0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)