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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**SIGNATURE:** 

**DOCUMENT #** 

569639

(8)

RON JOHN BUILDERS, INC.										
Principal Place	of Business	Mailing Address				.   I LOBERT BULLY DELING 1941 \$1/60 [[1]	JOHN CORE	.DO 11011 DH	TH CLOIN BLEIN 1884	
2400 N.W. 3RD AVENUE WILTON MANORS FL 33311		2400 N.W. 3RD AVENUE WILTON MANORS FL 33311								
• 0						3. Date Incorporated or Qualified 05/02/1978		e of Last )1/30/19		
2. Principal Place of Business		28. Mailing Address				4. FEI Number Applied For				
Suite, Apt. #, etc		Suite, Apt #, etc				<b>59-1783801</b> Not			Not Applicable	
City & State		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
3		Oity & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be			
Zip 24	Country 25	Zip	F : ,			8. This corporation has liability for i	intangible tax under s. 199 032,			
	9. Name and Address of Currer	29 30				Florida Statutes XX Yes 🔲 No				
	J. Flame and Address of Culfer	it negistereti Agent	··	31 Na		10. Name and Address of New R	egistered	Agent		
rega, ronald						- 00 D				
	W., 3RD AVENUE		82		eet Addres	ldress (P.O. Box Number is Not Acceptable)				
WILTON	MANORS FL 33311		•	33						
			Ĩ	14 Cit	у		FL	<b>85</b> Z	rip Code	
familiar witi SIGNATURE	h, and accept the obligations of, Sect Synathic spector printed name of naccessage in	ion 607.0505, Florida Statuto	i'd Esperad A	, kn 3, 516.6	or s noard		intinent as	registero	d agent. Lam	
TIFLÉ	OFFICERS AN		13.		····	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12	
NAME	REGA, RONALD			1 TITLE				Change	Addition	
STREET ADDRESS	2400 N W 3RD AVENUE		P	1.2 NAME						
CITY-ST-ZIP		WILTON MANORS FL			13 STPEET ADDRESS 14 City-S1-ZiP					
TITLE	VPS	DELETE	2 1 Ti*t	**				Change	Addition	
NAME	rega, ronald		2.2 NAME				L	☐ cuange	Nogition	
STREET ADDRESS	2400 NW 3RD AVENUE		2 3 STRE	STREET ADDRESS						
CITY - ST - 2IP	WILTON MANORS FL			2.4 CITY - ST - ZIP						
TITLE		☐ DELE1E	3 1 1110	E				Change	Addition	
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CITY - ST - ZIP				ET ADDR	SS					
TITLE	[ ] DELETE			S1 - ZIF						
NAME			4 1 HTLI 4 2 NAME				L	Change	Addition	
STREET ADDRESS			4.3.STHE		ee					
CITY-ST-ZIP			4 4 CITY		3.3					
FILE	EG DELET		5 1 TIFE			☐ Change ☐ Addinon				
AME			5.2 NAM6				_	· · · · · · · · · · · · ·		
STREET ADDRESS			5.3 S ! R 8	HACOAL:	ss					
CITY - ST - ZIP			5.4 CITY ST-ZIP							
ITLE		☐ DELETE	DELETE 6 1 TITLE					Change	Addition	
MAME STOCKT ANNOSSES			6.2 NAME							
STREET ADDRESS CITY - ST - ZIP			6351466		35					
4. I do hereby	certify that the information supplied w	ith this filing is voluntarily for	6 4 CHY-		audific for	the exemption stated in Section 119.0				
oath; that I a	the information indicated on this annual am an officer or director of the corpor Block 12 or Block 13 if shanged, or or	ation or the receiver or truste	a opuseurored	ue and to exe	accurate : accurate : cute this re	the exemption stated in Section 119.0 and that my signature shall have the se aport as required by Chapter 607, Flor	r(3)(k), Flor ame legal ( ida Statute	ida Statut affect as if is; and tha	es I further I made under at my name	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CO. 176 18 19/96

951-563-3478