

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 569639  
1. Corporation Name

~~RON JON BUILDERS, INC.~~  
**RON JON**

Principal Place of Business	Mailing Address
9234 Courtney Lane Tallahassee, FL 32310	9234 Courtney Lane Tallahassee, FL 32310

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/02/78</b>	3a. Date of Last Report <b>04/96</b>
21 9234 Courtney Lane Suite, Apt. #, etc.	26 9234 Courtney Lane Suite, Apt. #, etc.	4. FEI Number <b>59-1783801</b>	Applied For Not Applicable
22 Tallahassee, FL City & State	27 Tallahassee, FL City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 32310 Zip	28 32310 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32310 Country	29 32310 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Rega, Ronald 9234 Courtney Lane Tallahassee, FL 32310	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PT <input type="checkbox"/> DELETE NAME: Rega, Ronald STREET ADDRESS: 9234 Courtney Lane CITY-ST-ZIP: Tallahassee, FL 32310	11 TITLE: PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME: Rega, Ronald 13 STREET ADDRESS: 9234 Courtney Lane 14 CITY-ST-ZIP: Tallahassee, FL 32310
TITLE: VPS <input type="checkbox"/> DELETE NAME: Rega, Ronald STREET ADDRESS: 9234 Courtney Lane CITY-ST-ZIP: Tallahassee, FL 32310	21 TITLE: VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME: Rega, Ronald 23 STREET ADDRESS: 9234 Courtney Lane 24 CITY-ST-ZIP: Tallahassee, FL 32310
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	61 TITLE: <b>700002179587</b> 62 NAME: <b>-05/15/97--01002--028</b> 63 STREET ADDRESS: <b>***165.00</b> 64 CITY-ST-ZIP:

14. I do 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.

SIGNATURE: **Ronald Rega / Pres RB** 4/24/97 (904) 421-6510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**RONALD REGA**

CR2E034 (9/96)