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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **G46219**

1. Corporation Name

RON & DO	NNA, INC.					
Principal Place of	Business	Mailing Address	S			
11510 HALETHORPE	•	11510 HALETHOR JACKSONVILLE F				
JACKSONVILLE FL 32223		JACKSONVILLE P	-L 32223	DO NOT V		
				3. Date Incorporated or Quali		
				06/24/1983		
2. Principal Place	e of Business	2a. Mailing Add	ress	4. FEI Number		
21		26		59-2299953		
Suite, Apt. #, 6	etc.	Suite, Apt. #	f, etc.			
City & State		City & State)	6. Election Campaign Financi		
23	•	28		Trust Fund Contribution		
Zip 24	Country 25	Zip	Country 30	This corporation owes the opersonal Property Tax.		
		Current Begintered Agent		40 Name and Address of Ne		

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90022 041 ***150.00



Principal Place	of Business	Mailing Address)
11510 HALETHO	11510 HALETHORPE DR	_							
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223									
						DO NOT WRITE	IN THIS S	EPACE	
						3. Date Incorporated or Qualifed			1
		A Atailing Addrson				06/24/1983 4. FEI Number	 -	Anr	olied For
	ace of Business	2a. Mailing Address				59-2299953		 	Applicable
21	#	26 Suite Ant # etc						\$8.75 A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		٠ يد -بير	.5. Certifcate of Status Desired]	Fee Red		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
— ·		28				Trust Fund Contribution]	Added to	
Zip	Country	Zip	Cour	trv		8. This corporation owes the current	vear Inta	naible	
·	25	29	30	,		Personal Property Tax.	,	V Yes	□No
24	9. Name and Address of Current		1	_	-	10. Name and Address of New Reg	istered A	gent	
	J. Hallio and the second			81 N	ame		-	_	
WOL	F, WAYNE A.			-		(D.C. Day Number is Not Assentable			
	UNIVERSITY BLVD.,W. #106			82 St	reet Addre	ss (P.O. Box Number is Not Acceptable)			
JACK	(SONVILLE FL 32217		ŀ	83					
			ļ						
				84 Ci	ty		FL	85 Zip C	code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the ab	L ove-na	med corpo	pration submits this statement for the pur	pose of o	hanging its	registered
l office or re	egistered agent, or both, in the State o	if Florida. Such change was a	utnonzea	by ine	corporation	n's board of directors. I hereby accept the	e appoin	tment as reg	istered
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505, FIG	noa şiaiu	les.					Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	agent sign	ature required	when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		RS IN 12
TITLE	DPT	☐ DELETE	1.1 गा	.E				Change	Addition
NAME	DISTEFANO, RONALD P				- 1				
STREET ADDRESS			1.2 NA	ΛË	l l				
				ME KEET ADO	RESS				
CITY-ST-ZIP	11510 HALETHORPE DR.		1.3 STF		- 1				
CITY-ST-ZIP	11510 HALETHORPE DR. JACKSONVILLE, FL 00000	☐ DELETE	1.3 STF	EET ADO	- 1			☐ Change	Addition
	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS	☐ DELETE	1.3 STF	EET ADO Y-\$T-ZIP E	- 1			☐ Change	Addition
TITLE	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M	☐ DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NA	EET ADO Y-\$T-ZIP E				Change	Addition
TITLE NAME STREET ADDRESS	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	EET ADO Y-ST-ZIP E Æ	RESS			-/** · · ·	Addition
TITLE	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Y-ST-ZIP E AE REET ADD	RESS			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.		1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CI	Y-ST-ZIP E AE AE Y-ST-ZIF E	RESS			-/** · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.		1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CI 3.1 TIT 3.2 NAI	Y-ST-ZIP E AE AE Y-ST-ZIF E	RESS		,	-/** · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.		1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STI	Y-ST-ZIP E AE REET ADD Y-ST-ZIF E AE	RESS		. –	-/** · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.		1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STI	Y-ST-ZIP E AE EET ADO Y-ST-ZIF E AE Y-ST-ZIF	RESS			-/** · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STI 3.4 CIT	Y-ST-ZIP E AE REET ADD Y-ST-ZIF E AE REET ADD Y-ST-ZIF E REET ADD	RESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STI 3.4 CIT 4.1 TIT 4.2 NAI	Y-ST-ZIP E AE REET ADD Y-ST-ZIF E AE REET ADD Y-ST-ZIF E REET ADD	RESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CC 3.1 TIT 3.2 NA 3.3 STI 3.4 .CC 4.1 TIT 4.2 NAI 4.3 STI	Y-ST-ZIP E AE REET ADD Y-ST-ZIF E ME Y-ST-ZIF E ME T Y-ST-ZIF T ME ME ME ME	RESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CC 3.1 TIT 3.2 NA 3.3 STI 3.4 .CC 4.1 TIT 4.2 NAI 4.3 STI	Y-ST-ZIF AE AE AE AE AE AE AE AE AE A	RESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE STREET ADDRESS CITY-ST-ZIP	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STI 4.4 CIT	Y-ST-ZIP LE AE REET ADD Y-ST-ZIF LE AE REET ADD Y-ST-ZIF LE AE REET ADD Y-ST-ZIF LE AE REET ADD	RESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI	Y-ST-ZIP LE AE REET ADD Y-ST-ZIF LE AE REET ADD Y-ST-ZIF LE AE REET ADD Y-ST-ZIF LE AE REET ADD	RESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI 5.3 STI 5.3 STI	REET ADD Y-ST-ZIF AE REET ADD Y-ST-ZIF E ME REET ADD Y-ST-ZIF E ME REET ADD Y-ST-ZIF E ME REET ADD H M M M M M M M M M M M M M M M M M M	RESS			Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI 5.3 STI 5.3 STI	EET ADD E AE REET ADD E AE	RESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11510 HALETHORPE DR. JACKSONVILLE, FL 00000 DVS DISTEFANO, DONNA M 11510 HALETHORPE DR.	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 5.4 CIT 5.4 CIT	EET ADD AE EET ADD Y-ST-ZIP E AE EET ADD Y-ST-ZIP E AE EET ADD Y-ST-ZIP E ME EET ADD Y-ST-ZIP E ME EET ADD Y-ST-ZIP E E E E E E E E E E E E E	RESS			Change	Addition Addition

6.4 CITY-ST-ZIP 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 an other like empowered.

SIGNATURE: