

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Northon
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G46985

(9)

1. Corporation Name

ORANGE RING, INC.

Principal Place of Business

**1900 OLD DIXIE HWY.
FT. PIERCE FL 34946-1497
US**

Mailing Address

**1900 OLD DIXIE HWY
FT PIERCE FL 34946-1497
US**

**APPROVED
AND
FILED**

95 MAR 29 PM 1:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DD

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/30/1983

3a. Date of Last Report

03/28/1994

4. FEI Number

59-2302152

Applied For

☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 SAME

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GLEN W. REED
1900 OLD DIXIE HIGHWAY
FORT PIERCE FL 34946**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and filed application

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
NELSON, GREGORY P.
1900 OLD DIXIE HIGHWAY
FT. PIERCE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BARLEY, EDWARD
1900 OLD DIXIE HIGHWAY
FT. PIERCE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
EGAN, BERNARD A.
1900 OLD DIXIE HIGHWAY
FT. PIERCE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVD
REED, GLEN W.
1900 OLD DIXIE HIGHWAY
FT. PIERCE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

**900001444499
-03/31/95--01015--006**

*****200.00 ***200.00 Addition**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

GREGORY P. NELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY P. NELSON, SECRETARY 3/24/95 407-465-7555

(Date)

(Signature/Name)