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 # **G96902**.

1. Corporation Name

RONALD P. ANNIS, ARCHITECT AND PLANNER, INC.

Principal Place of Business Mailing Address				i intitu fills fills still saud tiet diet eine eine eine eine eine eine		
PO BOX 15136		PO BOX 15136				
SARASOTA FL 34277-1136		SARASOTA FL 34277-1136				
US		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 04/20/1984	
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For	
21		26			59-2399362 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22 27					5. Certifcate of Status Desired Fee Required	
City & State	8	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip			Country	ī	8. This corporation owes the current year Intangible	
24	25	29 36	30		Personal Property Tax. Yes No	
<u>- : </u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
81 Name						
Annis, ronald p.			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
1934 DATURA STREET			02	SueerA	addess (F.O. Dox Namber is Not Noospasio)	
SARASOTA FL 34239			83			
			84	City	FI 85 Zip Code	
44 Dureupat						
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 order, 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 Stockure tweet or critised name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	nt signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PST	DELETE	1.1 TITLE		Change Addition	
	ANNIS, RONALD P.	CI Deceria	1.2 NAME		v —	
NAME	· · · · · · · · · · · · · · · · · · ·	•				
STREET ADDRESS	1934 DATURA STREET		•	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL	- Daniere	1.4 CITY-5	T-ZIP	Change Addition	
TITLE	D	☐ DELETE	2.1 TITLE	1	· Change — Addition	
NAME	ANNIS, RONALD P.		2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	1	☐ Change ☐ Addition	
NAME	3.2 N		3.2 NAME			
STREET ADDRESS	3.3 \$7		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	-		3.4, CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME	- 1	•	
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ŀ		
TITLE		DELETE	5.1 TITLE	-	☐ Change ☐ Addition	
NAME		—	5.2 NAME		· -	
\ \ \			B .	T ADDRESS		
STREET ADDRESS			5.4 CITY-5			
CITY-ST-ZIP	<u> </u>	□ DELETE	6.1 TITLE	,, 2,,	☐ Change ☐ Addition	
TITLE		L] Netese	6.2 NAME	.		
NAME			- V-4 INFOVIE		•	

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 officer or director of the corporation o Block 12 or Block 13 if changed, or

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90198 040 ***150.00