

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:55

DOCUMENT # H85402

(6)

1. Corporation Name

RONLEE CONSTRUCTION, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**4950 N.W. 72ND AVE.
P.O. BOX 660655
MIAMI FL 33166**

Mailing Address

**4950 N.W. 72ND AVE.
P.O. BOX 660655
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1985

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 Suite, Apt. # etc.

2a. Mailing Address

26 Suite, Apt. # etc.

4. FEI Number
59-2626847

Applied For
Not Applicable

5. Confiling 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 incorporation fee under Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLS, MICHAEL L.
4950 N.W. 72ND AVE.
MIAMI FL 33266-7655**

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 607.02 and 607.1506, 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 of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**P
MILLS, MICHAEL L.
4950 N.W. 72ND AVE.
MIAMI SPRINGS FL
VP
MILLS, KATHRYN
4765 LAKE RD.
MIAMI FL**

1 NAME
1 STREET ADDRESS
1 CITY, ST, ZIP
2 NAME
2 STREET ADDRESS
2 CITY, ST, ZIP
3 NAME
3 STREET ADDRESS
3 CITY, ST, ZIP
4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP
5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP
6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ 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 607.02(4)(a), Florida Statutes. I further certify that the information submitted 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 any officer or director of the corporation or the registered agent 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 as an attachment with an address.

SIGNATURE:

Michael Mills, President

4/24/95

305-592-5860