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 # H91744

1. Corporation Name
RON ASSOCIATES, INC.

Principal Place of Business % ROBERT O. NESS 3129 LEE WARREN AVENUE

LAKELAND FL 33803-4412

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

% ROBERT O. NESS 3129 LEE WARREN AVENUE LAKELAND FL 33803-4412

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90004 004 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1985

59-2634818

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number

23		28			Trust Fund Contri	bution	Added	d to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25 29 30		30		Personal Property Tax. ☐ Yes ☐ No			
• ` •	. 9. Name and Address of Current	Registered Agent			10. Name and Addre	ss of New Reg	stered Agent	
NEC	C DOPERT O		81	Name		F	•	
NES	S, ROBERT O.		82	Stroot Addro	on (D.O. Poy Number in	Not Assessable	,	
3129 LEE WARREN AVENUE			"	82 Street Address (P.O. Box Number is Not Acceptable)				
LAK	ELAND FL 33801		83		447 9160		19 1 20 224, 3 20 208	1919 6 20 136
					(Maile C	\$1, 1 5.51 2 1 1 1 2		
<u>a baharat s</u>	1.4.4 Did it. 35.	the office of the transfer of the state of the	84	City			FL 85 Zip	
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above	-named corpo	ration submits this state	ment for the pur	pose of changing it	ts registered
Omce or i	egistered agent, or both, in the State of m familiar with, and accept the obligation	PIONOS SUCO COSOGO WAS S	alithopizad by t	the corporation	n's board of directors. I f	nereby accept th	e appointment as r	registered
SIGNATURE		,	onda Gibiaido.			*		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent	signature required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
12.	OFFICERS AND		13.	•	ADDITIONS/CHAN	GES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE* C - "	PD	☐ DELETE	1.1 TITLE		(3 4314848	-	☐ Change	Addition
NAME	NESS, ROBERT O.		1.2 NAME		a w to the state	•		
STREET ADDRESS	3129 LEE WARREN AVENUE		1.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	LAKELAND FL	· ·	1.4 C/TY+ST-	-ZiP			•	
TITLE		☐ DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	<u> </u>	☐ Change	Addition
NAME.		•	2.2 NAME	J		. ';		. –
STREET ADDRESS		•	2.3 STREET	ADDRESS	•	, .	•	
CITY-ST-ZIP	ير ئىرىدە دىي	•	2. 4 CITY-ST		•			
TITLE	en de de se se se se	☐ DELETĘ	3.1 TITLE				[] Change	☐ Addition
NAME 1		. —	3.2 NAME				onango	
STREET ADDRESS	社会的"特别的大利"的证明的		3.3 STREET	ANNESS				
CITY-ST-ZIP	Emport source		3.4. CITY-ST	,			前對鐵鐵鐵	1920年1月1日
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE	- 2117		- 1 とは1979年日日出版 3 - 201日日本日本1979年日本1	Change	A Addition
	The second secon	, -	4.1 NAME		#11 # A 14		Cronsinge	AND MORROLL
NAME STREET ADDRESS:	\$4006. \$7864. \$463	TO SERVE SERVER STORY		ANNOPESS				· ·
C/TY-ST-ZIP	TOTAL STATE OF THE	- 31251 (L. 1967-1967) (L. 1938 - 1287-1383 (L. 1923) (E. 1937)	4.4 CITY-ST-		•	•		
TITLE		☐ DELETE	5.1 TMLE	- AP		-10	Change	☐ Addition
NAME			5.2 NAME		12:23/1915		□ change	
STREET ADDRESS	, s		5.3 STREET A	ADDRESS	Saul Parkally I was raid			
CITY-ST-ZIP	, pop	•	5.4 CITY-ST-		自動物區	•		-
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VAME	GREATER MARGELL PARKER	,	6.2 NAME			•	change	L Addition
STREET ADDRESS	HARBAND FL	• •	6.3 STREET A	ANDRESS			•	•
J			6.4 CITY+ST+					ş,
CITY-ST-ZIP			6.4 CHY-SI-,	ZIP j				

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 all other like empowered.

-941-687-4886

CR2E034 (11/98)