

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K05476 (2)

1. Corporation Name

RONELA CORPORATION



Principal Place of Business

C/O RONALD W. JOHNSON
8927 PEACE ROSE LANE
ORLANDO FL 32818

Mailing Address

C/O RONALD W. JOHNSON
8927 PEACE ROSE LANE
ORLANDO FL 32818

3. Date Incorporated or Qualified
12/08/1987

3a. Date of Last Report
09/29/1995

2. Principal Place of Business

2a. Mailing Address

21 2562 CARTER GROVE CIR
Suite, Apt. #, etc.

26 2562 CARTER GROVE CIR
Suite, Apt. #, etc.

4. FEI Number
59-2861445

Applied For
Not Applicable

22 City & State
WINDERMERE FL

27 City & State
WINDERMERE, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country
34786 USA

28 Zip Country
34786 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, RONALD W.
8927 PEACE ROSE LANE
ORLANDO FL 32818

81 Name JOHNSON, RONALD W.
82 Street Address (P.O. Box Number is Not Acceptable)
2562 CARTER GROVE CIRCLE
83
84 City WINDERMERE FL 85 Zip Code 34786

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 RONALD W. JOHNSON
Signature, typed or printed name of registered agent and term of appointment

Emilia Jh
NOTE: Registered Agent signature required when terminating

4/13/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	JOHNSON, RONALD W.	8927 PEACE ROSE LANE	ORLANDO FL	<input type="checkbox"/>
D	JOHNSON, CARMELA A.	8927 PEACE ROSE LANE	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		2562 CARTER GROVE CIR	WINDERMERE, FL 34786	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
		2562 CARTER GROVE CIR	WINDERMERE, FL 34786	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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: RONALD W. JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96
DATE

407-857-9310
Daytime Phone #

CR2E034 (12/95)