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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



98-99 AR

DOCUMENT # K54030

(7)

1. Corporation Name

J RON ENTERPRISES, INC.

Principal Place of Business

1299 BILTMORE ST.
PORT ST. LUCIE FL 34963
US

Mailing Address

265 SW PSL BLVD
201
PORT ST LUCIE FL 34984

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

VANASDALE, RONALD J
265 SW PSL BLVD
#201
PORT ST. LUCIE FL 34983

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: Type and printed name of registered agent (if not applicable)

(If the Registered Agent is not a resident of Florida, the agent must be a corporation organized under the laws of the State of Florida.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DPS
VANASDALE, RONALD J
1652 MISTLE TOE ST
PORT ST. LUCIE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP
DVPT
BUCK, KENNETH G. J
725 S.E. WEST VIRGINIA DR.
PORT ST. LUCIE FL

☒ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE 15 NAME 16 STREET ADDRESS 17 CITY- ST- ZIP

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99 CITY- ST- ZIP 100 CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1988

4. FEI Number

65-0089629

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CR2E034 (10/97)

6/15/99

6/15/99

54-287-9551