FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L62625** **(3)**

1. Corporation Name
RONCO II, INC.

Principal Place of Business	Mailing Address
1209 AIRPORT ROAD DESTIN FL 32541	P.O. BOX 1424 DESTIN FL 32540

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/05/1990**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21 **P.O. Box 946**
22 Suite, Apt. #, etc.
23 City & State: **Destin, FL**
24 Zip: **32540** 25 Country: **USA**

2a. Mailing Address
26 **P.O. Box 946**
27 Suite, Apt. #, etc.
28 City & State: **Destin, FL**
29 Zip: **32540** 30 Country: **USA**

4. FEI Number: **59-3005784** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HAMILTON, CARL T
1209 AIRPORT ROAD
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: CARL T. HAMILTON, SR.
82 Street Address (P.O. Box Number is Not Acceptable): 700 Elise Lane
83
84 City: DESTIN FL 85 Zip Code: 32541

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: Carl T. Hamilton, Sr. 4-16-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	HAMILTON, CARL T	12 NAME	CARL T. HAMILTON, SR.	
STREET ADDRESS	1209 AIRPORT RD.	13 STREET ADDRESS	P.O. Box 946 N/A	
CITY-ST-ZIP	DESTIN FL 32541	14 CITY-ST-ZIP	DESTIN, FL 32540	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	ROGERS, J. RON	22 NAME	J. RON ROGERS	
STREET ADDRESS	1209 AIRPORT RD.	23 STREET ADDRESS	P.O. Box 946 N/A	
CITY-ST-ZIP	DESTIN FL 32541	24 CITY-ST-ZIP	DESTIN, FL. 32540	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	HAMILTON, GENEVIEVE W	32 NAME	GENEVIEVE W. HAMILTON	
STREET ADDRESS	1209 AIRPORT RD.	33 STREET ADDRESS	P.O. Box 946 N/A	
CITY-ST-ZIP	DESTIN FL 32541	34 CITY-ST-ZIP	DESTIN, FL. 32540	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Carl T. Hamilton, Sr. 4-16-95 (904) 654-7077
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR — Date — Daytime Phone #

04702A2 FP