PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M65491 1. Corporation Name

RONJOY, INC.

FILED Mar 03, 1999 8:00 am **Secretary of State**

03-03-1999 90033 038 ***150.00



Mailing Address

GREYLOCK CT Principal Place of Business 5061 GREYLOCK CT SANFORD FL 32771 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE us 3. Date Incorporated or Qualifed 01/22/1988 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0019760 Not Applicable 5061 26 21 **\$8:75** Additional Sulte, Apt. #, etc. \Box 5. Certifcate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5,00 May Be П Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible **∕∆**N₀ Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SMITH, RONALD J. Street Address (P.O. Box Number is Not Acceptable) 82 5061 GREYLOCK CT SANFORD FL 32771 83 84 City 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 (NOTE: Registered Agent signature required whi Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition TITLE □ DELETE 1.1 TITLE SMITH, RONALD J. 1.2 NAME NAME 5061 GREYLOCK CT 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32771 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE SMITH, JOYCE 2.2 NAME NAME 5061 GREYLOCK CT 2.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32771 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE

14. 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

RELOUVEE M. Smith