FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 06, 2002 8:00 am Secretary of State 05-06-2002 90175 007 ***150.00

| DOCUMENT # M6549 | , |
|------------------|---|
| Ron. Joy INC. |) |

| Ron. Joy INC. | | |
|---|--|---|
| DO NOT WRITE IN THIS SP | ACE | |
| 2. Principal Place of Business 281 KOCK Spr/NGS Dr 3. Mailing Address Suite. Apt. #, etc. KISSIMMEE Suite. Apt. #, etc. | e_ | DO NOT WRITE IN THIS SPACE |
| City & State City & State | Country | 4. FEI Number |
| 34759 Country POIK Zip | Country | 5. Certificate of Status Desired |
| | | 7. Name and Address of Current Registered Agent |
| , DO NOT WOITE | Name Ro | NAID J. Smith |
| Street Address (PO Box Number is Not Acceptable) | | |
| IN THIS SPACE | | |
| | City | SIMMER FL Zip Code 24759 |
| The above named entity submits this statement for the purpose of changing its re | naistarad office or register | - 34/3/ |
| a. The above hamed entry southlis this statement for the porpose of changing its re | egistered onice or register | ed agent, or both, in the State of Florida. |
| SIGNATURE SIGNATURE | | 4/20/02 |
| | Registered Agent signature required | when reinstating) DATE |
| Tax filing requirement and elects to do so. (See criteria on back) After May 1 Amended | ly 1 Fee is \$150,00 , Fee is \$550.00 UBR is \$61.25 e to Department of Stat | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| 11. OFFICERS AND DIRECTORS | I . | |
| ROUALD J. Smith-tresion | TITLE | |
| VAME STREET ADDRESS 281 ROCK SPGS Dr | NAME STREET ADDRESS | |
| 17-51-71P 121551MMEE 7.34759 | CITY-ST-ZIP | |
| THE SECRETARY +1) | TITLE | |
| STREET ADDRESS JOYCE M. SMILETO | NAME STREET ADDRESS | |
| SECRETARY JOYCE M. SMITH STREET ADDRESS TOYCE M. SPINGS Pr CITY-SI-ZIP 281 ROCK SPINGS Pr | CITY-ST-ZIP | |
| THE KISSIMMER F1.34759 | TITLE | |
| IAME TREET ADDRESS | NAME | |
| ITY-ST-ZIP | STREET ADDRESS -CITY-ST-ZIP | DO NOT WRITE |
| ITLE | TITLE | |
| IAME | NAME | IN THIS SPACE |
| TREET ADDRESS (ITY-ST-7IP | STREET ADDRESS CHY-ST-ZIP | |
| MTE | TITLE | |
| AME | NAME | |
| TREET ADDRESS HTY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP | |
| IILE | TITLE | |
| AME | NAME | j |
| TREET ADDRESS ITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP | |
| • | | |

13. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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 11 or on an attachment with an address, with articles empowered. President 863-427-3464

SIGNATURE: