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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:06

DOCUMENT # M91248 (8)

1. Corporation Name
RONLEE ENTERPRISES, INC.

Principal Place of Business
% ONALEE WILLIAMS
432 BELLINI CIR
NOKOMIS FL 34275

Mailing Address
SUBER RD. RT. 3
BOX 1180
FT VALLEY GA 31030
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6925 TEMA LANE	2a. Mailing Address 26 SUBER RD., RT.3
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 P.O.B. 1180
City & State 23 SARASOTA, FL.	City & State 28 FT. VALLEY, GA.
Zip 24 34275 Country 25 U.S.A.	Zip 29 31030 Country 30 U.S.A.

3. Date Incorporated or Qualified: 07/22/1988
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0063054 ☐ 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

WILLIAMS, ONALEE
6925 TEMA LANE
SARASOTA FL 34275

10. Name and Address of New Registered Agent

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RONALD	1.2 NAME	
STREET ADDRESS	SUBER ROAD, ROUTE 3, BOX 1180	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT VALLEY GA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ONALEE	2.2 NAME	
STREET ADDRESS	SUBER ROAD, ROUTE 3, BOX 1180	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT VALLEY GA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: X Onalee Williams, Secy. 2-16-95 912-825-0683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ONALEE WILLIAMS

0406814 FN