

2001 UNIFORM BUSINESS REPORT (UBR)

3/8

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-08-2001 90072 036 ***150.00

DOCUMENT # P31195

1. Entity Name

THE RONJON CO., INC.

Principal Place of Business

Mailing Address

P.O. BOX 1650
 SANTA ROSA BEACH FL 32459

P.O. BOX 1650
 SANTA ROSA BEACH FL 32459

32544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-0940073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINHART, JOHN R.
 210 HIGHWAYS AVE
 SANTA ROSA BEACH FL 32459

110 - 210 HIGHLAND AVE

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

John Reinhart

3/6/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back.)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE: **P** Delete
 NAME: REINHART, JOHN R.
 STREET ADDRESS: 210 HIGHWAYS AVE. *210 HIGHLAND AVE*
 CITY-ST-ZIP: SANTA ROSA BEACH FL 32459

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **STD** Delete
 NAME: LAURA WIRKUS
 STREET ADDRESS: 1104 PINE HURST *165 HILTOP DR.*
 CITY-ST-ZIP: SANTA ROSA BEACH FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **V** Delete
 NAME: JOHN R. REINHART, JR. (*DELETE*)
 STREET ADDRESS: 300 ALLEN LOOP DRIVE
 CITY-ST-ZIP: SANTA ROSA BEACH FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **S,T** Delete
 NAME: THORNTON, NELL
 STREET ADDRESS: 2500 BAYGROVE RD *70 BOX 4853*
 CITY-ST-ZIP: FREEPORT FL 32439 *SANTA ROSA BEACH 32459*

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Reinhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-01

Date

850 267-4604

Daytime Phone #

CR2E034 (10/00)