FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

14634 ROSEHILL DRIVE

HOUSTON TX 77070

2a. Mailing Address

City & State

Zip

医蜂苗类 化二烷酸苯基甲烷 医

Suite, Apt. #, etc.

26

27

28

29

PROFIT
CORPORATION
ANNUAL REPORT

Principal Place of Business

2. Principal Place of Business

SCHOTISKY'S DELL

JACKSONVILLE FL 32202

Suite, Apt. #, etc.

City & State

123 N JULIA ST

22

23

24

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

5481 新空中、10年至

MUSIC. 11

CITY-ST-ZIP

CITY-ST-ZIP

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33923

I. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

RONEMOUS, GEORGE P.

3469 DOCKSIDER DR N JACKSONVILLE FL 32257

WALTER REYNOLDS & ASSOCIATES OF JACKSONVILLE, IN C.

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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Addition ☐ Change TITLE 1.1 TITLE 第三字符号 RONEMOUS, WALTER C. 1.2 NAME NAME 14634 ROSEHILL DRIVE STREET ADDRESS 1.3 STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 2.1 TITLE NAME RONEMOUS, JOYCE C. 2.2 NAME 14634 ROSEHILL DRIVE 2.3 STREET ADDRESS STREET ADDRESS **HOUSTON TX** 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Addition 3.1 TITLE TITLE RONÈMOUS, JOHN CORRECTION NAME : 32 NAME 10466 SPINDRIFT LN STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE RONEMOUS, G P NAME. 4. 2 NAME 3469 DOCKSIDER DR N STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP

Country

82

83

Name

30

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 exam attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

☐ DELETE

FILED Feb 09, 1999 8:00am Secretary of State

02-09-1999 90029 027 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

₩No

☐ Yes

☐ Change

Change

☐ Addition

Addition

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

05/14/1991

76-0300364

4. FEI Number