

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90132 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000028961**

1. Corporation Name  
**RON LOHR REAL ESTATE, INC.**



Principal Place of Business 2121 NE COACHMAN ROAD SUITE 3 CLEARWATER FL 33765 US	Mailing Address 2121 NE COACHMAN ROAD SUITE 3 CLEARWATER FL 34625
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 22 Suite (H) 23 Dunedin, FL. 24 Zip 34698 25 Country USA	2a. Mailing Address 26 1415 Pinehurst Rd. 27 Suite, Apt. #, etc. Suite (H) 28 Dunedin, FL. 29 Zip 34698 30 Country USA
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3. Date Incorporated or Qualified <b>04/19/1993</b>	4. FEI Number <b>59-2935065</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**LOHR, RONALD G**  
**2121 NE COACHMAN RD**  
**SUITE 3**  
**CLEARWATER FL 34625**

10. Name and Address of New Registered Agent  
 81 Name **Ronald G. Lohr**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1415 Pinehurst Rd. Suite (H)**  
 83  
 84 City **Dunedin, FL** 85 Zip Code **34698**

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 *Ronald G. Lohr* **Ronald G. Lohr** President **Mar. 20, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOHR, RONALD G	
STREET ADDRESS	2121 NE COACHMAN RD #3	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOHR, RONALD G	
STREET ADDRESS	2121 NE COACHMAN RD, SUITE 3	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Ronald G. Lohr* **Ronald G. Lohr** Pres. Mar. 20, 1999 (727) 585-7208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)