SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** P93000032792 (2) **DOCUMENT #** RONNA'S ROCKING-R-RANCH, INC. Principal Place of Business Mailing Address 12347 STATE RD 7 PO BOX 370 #501 **BOYNTON BEACH FL 33437** LOXAHATCHEE FL 33470 Date Incorporated or Qualified 3a. Date of Last Report 05/03/1993 05/11/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0461074 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country This corporation has habitity for intangible tax under s. 199 032 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NIEBEL, RONNA M 648 ROYAL PALM BLVD. 82 **#501** 83 **ROYAL PALM BEACH FL 33411** 84 mon 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed nume of registered agent and title if applicable (NOTE: Registered Agent's gruture required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1.1 DE Change Addition RONNA NIEBEL NAME NIEBEL, RONNA M 1.2 NAME CR2E034 BBYT STATERDT 648 ROYAL PALM BEACH BLVD., #501 STREET ADDRESS 1.3 STREET ADDRESS BOYNTON BEACH, FI 33437 **ROYAL PALM BEACH FL 33411** CITY - ST - ZIP 14 CHY - ST - ZIP TITLE DELETE 21 TITLE Change ____ Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - Z P TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 City - ST-ZIP DILE DELETE 4.1 THILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHTY - ST - ZIP TITLE DELETE **61TITLE** Change Addition 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 7(P) 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)(k). 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 goth. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

that my name

SIGNATURE: ☐

ck 12 or Block

13 if changed or on an attachment with an address

6696 401-795-5994