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 JUN 26 AM 9:11

DOCUMENT # **P93000057936 (5)**

1. Corporation Name
RONKA, INCORPORATED

Principal Place of Business	Mailing Address
5157 BEACHWALK VILLAS DESTIN FL 32541	5157 BEACHWALK VILLAS DESTIN FL 32541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-3204445

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

BURKE, J R
5157 BEACHWALK VILLAS
DESTIN FL 32541

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BURKE, J. RONALD	12 NAME	
STREET ADDRESS	5157 BEAH WALK VILLAS	13 STREET ADDRESS	
CITY-ST-ZIP	DESITN FL	14 CITY-ST-ZIP	
TITLE	~~S~~	21 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	~~BURKE, KATHRYN J.~~	22 NAME	JOHN T. SCHOFIELD
STREET ADDRESS	~~5157 BEACH WALK VILLAS~~	23 STREET ADDRESS	347 L'ATRIUM
CITY-ST-ZIP	~~DESTIN FL~~	24 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BURKE, J. RONALD	32 NAME	
STREET ADDRESS	5157 BEACH WALK VILLAS	33 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	34 CITY-ST-ZIP	
TITLE	~~S~~	41 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	~~BURKE, KATHRYN J.~~	42 NAME	JOHN T. SCHOFIELD
STREET ADDRESS	~~5157 BEACH WALK VILLAS~~	43 STREET ADDRESS	347 L'ATRIUM
CITY-ST-ZIP	~~DESTIN FL~~	44 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VICE PRESIDENT	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAM RICHARDSON	52 NAME	
STREET ADDRESS	P.O. BOX 676	53 STREET ADDRESS	
CITY-ST-ZIP	NORTH LITTLE ROCK, AR 72115	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ May 22, 1995 904-474-7852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. RONALD BURKE - PRESIDENT 474-5894

0390710 CP