

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057936 (5)

1. Corporation Name

RONKA, INCORPORATED

Principal Place of Business

5157 BEACHWALK VILLAS
DESTIN FL 32541

Mailing Address

5157 BEACHWALK VILLAS
DESTIN FL 32541



3. Date Incorporated or Qualified

08/18/1993

3a. Date of Last Report

06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 10221 HIGHWAY 98 WEST

26 10221 HIGHWAY 98 WEST

4. FEI Number

59-3204445

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #24

27 #24

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 DESTIN, FLORIDA

28 DESTIN, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32541

25 USA

29 32541

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURKE, J R
5157 BEACHWALK VILLAS
DESTIN FL 32541

81 Name

J. RONALD BURKE

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

105 ANTILLES COVE

83

84 City

DESTIN

FL

85 Zip Code

32541

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

J. Ronald Burke

(NOTE: Registered Agent signature required when reinstating)

2/14/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BURKE, J. RONALD
STREET ADDRESS 5157 BEACH WALK VILLAS
CITY - ST - ZIP DESTIN FL

TITLE S ☐ DELETE

NAME SCHOFIELD, JOHN T.
STREET ADDRESS 347 L'ATRIUM
CITY - ST - ZIP DESTIN FL

TITLE D ☒ DELETE

NAME BURKE, J. RONALD
STREET ADDRESS 5157 BEACH WALK VILLAS
CITY - ST - ZIP DESTIN FL

TITLE D ☒ DELETE

NAME SCHOFIELD, JOHN T.
STREET ADDRESS 347 L'ATRIUM
CITY - ST - ZIP DESTIN FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 105 ANTILLES COVE
1.4 CITY - ST - ZIP DESTIN, FL 32541

2.1 TITLE SID ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 349 L'ATRIUM

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE V/D ☐ Change ☒ Addition

5.2 NAME C.W. RICHARDSON

5.3 STREET ADDRESS 312 MAIN ST.

5.4 CITY - ST - ZIP NO. LITTLE ROCK, ARKANSAS 72114

6.1 TITLE T/D ☐ Change ☒ Addition

6.2 NAME M. MCNEIL

6.3 STREET ADDRESS 2420 ARKANSAS VALLEY DRIVE

6.4 CITY - ST - ZIP LITTLE ROCK, ARKANSAS 72212

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Schofield

2/14/96

904/654-5894

CR2E034 (12/95)