

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

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PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG 18 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057936**
1. Corporation Name
RONKA, INCORPORATED

Principal Place of Business 10221 Highway 98 West Suite 24 Destin, FL 32541	Mailing Address 10221 Highway 98 West Suite 24 Destin, FL 32541
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 8-18-93	3a. Date of Last Report 7-19-96	4. FEI Number 54-3204445	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RONALD BURKE
105 ANTILLES COVE
Destin, FL 32541**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SEC/TREASURER	<input type="checkbox"/> DELETE
NAME	J. RONALD BURKE	
STREET ADDRESS	105 ANTILLES COVE	
CITY-ST-ZIP	DESTIN, FL	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	C.W. RICHARDSON	
STREET ADDRESS	312 MAIN ST	
CITY-ST-ZIP	NO. LITTLE ROCK, AR	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	MIKE MCNEW	
STREET ADDRESS	710 W. 2ND, SUITE 200	
CITY-ST-ZIP	LITTLE ROCK, AR	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100002271991--7
1.4 CITY-ST-ZIP	-08/20/97--01040--003
2.1 TITLE	****165.00
2.2 NAME	****165.00
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 do 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.

SIGNATURE: **Mike McNew** **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-97

501-
375-5031

Date

Daytime Phone

CR2E034 (9/96)

(C)

SOUTHWEST FINANCIAL, INC.
5157 BEACHWALK
DESTIN, FL 32541

August 8, 1997

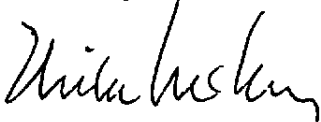
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

We have two companies in Florida that we recently discovered that we had not received our 1997 Annual Reports. We called your office as soon as we discovered we had never received these forms. Ronka, Inc. document # is P93000057936 and Southwest Financial, Inc. document # is P93000057942.

We would appreciate if you would consider waiving the late penalties on these two companies.

Sincerely,



Mike McNew
President