

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90120 049 ***150.00

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DOCUMENT # P93000071031

1. Corporation Name
ROANN MANAGEMENT, INC.

Principal Place of Business
2601 BRUCE CRT
PANAMA CITY BEACH FL 32408
US

Mailing Address
2601 BRUCE CRT
PANAMA CITY BEACH FL 32408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1993

4. FEI Number
59-3218097

Applied For
Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 17568 SE 117th CIRCLE
Suite, Apt. #, etc.

2a. Mailing Address
26 17568 SE 117th CIRCLE
Suite, Apt. #, etc.

23 City & State
SUMMERFIELD, FL
Zip Country

28 City & State
SUMMERFIELD, FL
Zip Country

24 34491 25 USA

29 34491 30 USA

9. Name and Address of Current Registered Agent

HOLDER, RONALD C
2601 BRUCE CT
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name
HOLDER, RONALD C.
82 Street Address (P.O. Box Number is Not Acceptable)
17568 SE 117th CIRCLE
83
84 City
SUMMERFIELD FL 85 Zip Code
34491

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME HOLDER, RONALD C
STREET ADDRESS 2601 BRUCE CT
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE VS
NAME HOLDER, ANNE A
STREET ADDRESS 2601 BRUCE CT
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 PT
1.2 NAME HOLDER, RONALD C
1.3 STREET ADDRESS 17568 SE 117th CIRCLE
1.4 CITY-ST-ZIP SUMMERFIELD, FL 34491

2.1 TITLE VS
2.2 NAME HOLDER, ANNE A.
2.3 STREET ADDRESS 17568 SE 117th CIRCLE
2.4 CITY-ST-ZIP SUMMERFIELD, FL 34491

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: ANNE A. HOLDER, SEC. 2-10-99 (352) 307-6934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)