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

## CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## POCUMENT # P94000014655 (2)

LINDA AND RON MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address		
810 N. PACE BLVD.	P.O. BOX 1631		
PENSACOLA FL 32505	PENSACOLA FL 32597		
US	US		

**FILED** May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3224439 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution Added to Fees Zip Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PALMERTON, RONALD 810 N. PACE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32505 63 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		S IN 12		
TITLE		DELETE	1.1 TITLE		Change	Addition		
NAME	PALMERTON, RONALD		1.2 NAME					
STREET ADDRESS	810 N. PACE BLVD.		1.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY - ST - ZIP					
TALE		DELETE	2.1 TITLE		Change	Addition		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY+ST-ZIP					
TITLE	T T T T T T T T T T T T T T T T T T T	DELETE	31 TITLE		Change	☐ Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST-ZIP					
MILE		DELETE	4.1 TITLE		Change	☐ Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	L	DELETE	51 TITLE		Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		DELETÉ	61 TITLE		Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CON CT 310			C 4 O(T) ( C7 70)					

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 attackment with an address.

4-30-98 438-4