Mar 30, 1999 8:00 am

Secretary of State

03-30-1999 90004 009 ***150.00

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**

DOCUMENT # **P95000001508**1. Corporation Name

RON BLOCK, INC.

| Principal Place of Business Mailing Address 5250 3 AVE NW 5250 3 AVE NW NAPLES FL 34119 NAPLES FL 34119 US US | | | <u></u> , | DO NOT WRITE IN THIS SPACE | | |
|--|---------------------------|---------------|-----------------------|--|-------------|-----------------------------------|
| | | | | 3. Date Incorporated or Qualifed | | |
| | | | | 01/05/1995 4. FEI Number | | onlind For |
| 2. Principal Place of Business | 2a. Mailing Address | 1 | 4 > | | ⊢ | pplied For lot Applicable |
| 21 \$250 Corel Wood Dr | 26 5250 Co. | بدا ليا | roof DC | 65-0552828 | | Additional |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | · | Required |
| 22 City & State | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | 28 | | | Trust Fund Contribution | | I to Fees |
| Zip Country | Zip | Coul | ntry | 8. This corporation owes the current year Inta | ngible | |
| 24 25 | 29 | 30 | | Personal Property Tax. | Yes | □No |
| 9. Name and Address of | Current Registered Agent | · | | 10. Name and Address of New Registered A | gent | |
| STEWART & STORTER, ET AL SUITE 106, PINE PL., 1725 CTY. RD. 951 GOLDEN GATE FL 33999 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was autt agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida. | | | 83 84 City | FL rporation submits this statement for the purpose of cition's board of directors. I hereby accept the appoin | changing it | Code s registered egistered |
| SIGNATURE | | | | DATE | | |
| Signature, typed or printed name of reg | | E: Registered | Agent signature requi | ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | D DIRECT | ORS IN 12 |
| | ERS AND DIRECTORS DELETE | 1.1 111 | 1E ~ | ADDITIONS/CHANGES TO CITICERO AIN | Change | |
| TITLE D | GI DECE IE | 1.2 NA | _ 1 | | | |
| NAME BLOCK, RONALD A | | | | | | |
| STREET ADDRESS 5250 3 AVE NW | | | REET ADORESS | | | • |
| CITY-ST-ZIP NAPLES FL | DELETE | 1.4 CI | ry-st-zip | | Change | Addition |
| NAME BLOCK, Royald STREET ADDRESS 5250 Coral Woo CITY-ST-ZIP Naples A2 3 | A- | 2.1 III | | | | _ (|
| STREET ADDRESS 5250 Coral Woo | e de | | REET ADDRESS | | | |
| CITY-ST-ZIP Naples Ha 3 | 411 9 | 2.4 C | TY-ST-ZIP | The state of the s | | • - |
| TITLE | ☐ DELETE | 3.1 111 | 'LE | | ☐ Change | Addition |
| NAME | | 3.2 N | ME | | | Ì |
| STREET ADDRESS | | 3.3 ST | REET ADDRESS | | | • |

6.4 CITY-ST-ZIP 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.

3.4. CITY+ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TIDE NAME

TITLE

NAME

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NAME

3,27.89 941.290.8592

Change

Change

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