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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

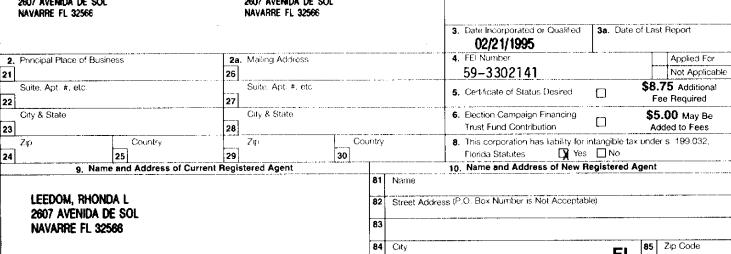
P95000014666 (8) **DOCUMENT #**

RHONDY, INC.

Principal Place of Business	Mailing Addres

2607 AVENIDA DE SOL

2607 AVENIDA DE SOL NAVARRE FL 32566



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 haved or printed name of registered dynamics that it applicable. 12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 1 TIFLE	☐ Change ☐ Addition	
NAME	LEEDOM, RHONDA L		1.2 NAM(
STREET ADDRESS	2607 AVENIDA DE SOL		1.3 STREET ADORESS		
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CITY - \$1 - ZIP		
TITLE		☐ DELĒTE	2 1 10116	Change Addition	
NAME			2.2 NAM!		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		DELÉTÉ	3 1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
ITLE		☐ DELETE	4. 1 T(TL (☐ Change ☐ Addition	
AME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY - ST - ZIP			4.4.C(TY - S1 - ZIP		
TITLE		DELETE	SITTLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIF			5.4 CI*Y - S1 - ZIP	The fact of the fa	
TITLE		☐ DELETE	6 1301€	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City - St - ZiP		

14. To 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 artischment only an address.

904-939-3103