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

FILED May 20 1998 8:00am Secretary of State

	ron design Build,inc.	0033545 (1)			
10403 TARA DRIVE RIVERVIEW FL 33569		10403 TARA DRIVE				
		RIVERVIEW FL 33569			DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified 04/25/1995	
2. Principal Place of Business 2s. Mailing Address				4. FEI Number	Applied For	
1 26				58-2173518	Not Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 Additional
		City & State	City & State		<u>'</u>	Fee Required
23		26	26		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Countr	'y	8. This corporation owes or has paid the cu	
24	25 Name and Address of Curre	nt Registered Agent	30	· 	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes XNo
		in registered Agent	81	Name	ID. Harris and Hadress of Horr Hogratorea	regent
PORE, MICHAEL C 10403 TARA DRIVE			82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)	
	ERMEW FL 33569		83		ress (r.o. box riumber is riot Acceptable)	
			L.	<u> </u>		
			84	City	FL	85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both in the Stat in familiar with, and accept the oblig Signature typed or proted trace of registered as	e of Florida Such change wa gritions of, Section 607.0505, real and ble dappicable (N	s authorized b Florida Statute OTE Registered Ap	by the corpora	poration submits this statement for the purpose of lion's board of directors. I hereby accept the ap	pointment as registered
12.	OF LICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PODE MICHAELO	DELETE				☐ Change ☐ Addition
NAME	PORE, MICHAEL C		1.2 NAME			
STREET ADDRESS	10403 TARA DRIVE RIVERVIEW FL 33569		1.3 STREE	ET ADDRESS		ļ.
CITY-ST-ZIP TITLE	ND DEFELE		2.1 TITLE			Change Addition
NAME	BLALOCK, BRIAN N		2.2 NAME	}		_ , _
STREET ADDRESS			2.3 STREE	1 ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		2. 4 City-	- S1 - ZIP		
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME	:		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY			Change Addition
TITLE	L. Dett it		4.1 TITLE			☐ Change ☐ Addition
NAME CYDECT ADDDGGG			4. 2 NAMI			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP TITLE	DELETE		5.1 TITLE			Change Addition
NAME			5.2 NAME			· —
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		
CITY-ST-ZIP			6.4 CHY-	ST-7IP		Ĭ

14. 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 trusted 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 around attachment with an address.