


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90005 047 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000055615**
 1. Corporation Name  
**RANMAR, INC.**

Principal Place of Business

 3802 BAYMEADOWS  
 #12  
 JACKSONVILLE FL 32256  
 US

Mailing Address

 2306 SEGOVIA AVE  
 JACKSONVILLE FL 32217  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1995

4. FEI Number

59-3327376

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

 Suite, Apt. #, etc.  
 City & State  
 Zip Country

2a. Mailing Address

 Suite, Apt. #, etc.  
 City & State  
 Zip Country

City &amp; State

Zip Country

City &amp; State

Zip Country

9. Name and Address of Current Registered Agent

 WALKER, JAMES V  
 C/O WALKER, KOEGLELEY & DILLINGHAM  
 217 POINTE VEDRA PARK DR  
 POINTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

TITLE

P

☐ DELETE

NAME

STEINBERG, RANDEE

STREET ADDRESS

2306 SEGOVIA AVENUE

CITY-ST-ZIP

JACKSONVILLE FL 32217

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change☐ Addition

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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99 904-396-6195

CR2E034 (1/198)