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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90031 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060179

1. Corporation Name

ROYALTY VENTURES, INC.

Principal Place of Business

P.O. BOX 1247
SANTA ROSA BEACH FL 32459

Mailing Address

P.O. BOX 1247
SANTA ROSA BEACH FL 32459



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1995

4. FEI Number

59-3328706

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

21 20491 THE GRANADA

2a. Mailing Address

26 20491 THE GRANADA

Suite, Apt. #, etc.

22 SUITE 7

Suite, Apt. #, etc.

27 SUITE 7

City & State

23 DUNNELLON

City & State

28 DUNNELLON

Zip

24 34432

Country

25 USA

Zip

29 34432

Country

30 USA

9. Name and Address of Current Registered Agent

WINROW, THOMAS L
35 LACANOSA BLVD
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name THOMAS L. WINROW
82 Street Address (P.O. Box Number is Not Acceptable)
16283 SW 57th STREET
83
84 City OCALA, FL 85 Zip Code 34481

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

Thomas L. Winrow - THOMAS L. WINROW - PRESIDENT

3/5/99

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 PTD
NAME WINROW, THOMAS
STREET ADDRESS P.O. BOX 1247 N/A
CITY-ST-ZIP SANTA ROSA BEACH FL

☐ DELETE

TITLE SD
NAME KAVATHAS, SAMUEL A
STREET ADDRESS P.O. BOX 1247 N/A
CITY-ST-ZIP SANTA ROSA BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME WINROW, THOMAS
1.3 STREET ADDRESS 20491 THE GRANADA - SUITE 7
1.4 CITY-ST-ZIP DUNNELLON, FLORIDA 34432

☒ Change ☐ Addition

2.1 TITLE SD
2.2 NAME KAVATHAS, SAMUEL A.
2.3 STREET ADDRESS 20491 THE GRANADA - SUITE 7
2.4 CITY-ST-ZIP DUNNELLON, FLORIDA 34432

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Thomas L. Winrow - THOMAS L. WINROW **3/5/99** **352-489-4085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)