FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morinam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000073272 (3) DOCUMENT # Corporation Name RON & BILLS INC. Principal Place of Business Mailing Address 3891 N. LECANTO HWY. 9 N. TYLER ST. BEVERLY HILLS FL 34465 **BEVERLY HILLS FL 34465** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State Crty & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ζip Zιρ Country 8. This corporation has liability for intangible tax under s. 199,032, 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZACCARDI, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 9 N. TYLER ST. **BEVERLY HILLS FL 34465** 83 84 City 85 Zip Code FL 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE च्या की राम्युमधीन नहीं अनुसन्दर का दर **धा**न हो आनुसीन स्टोबर (NOTE: Payshered Agent signer de record. Latter new stating) OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 III.E PRESIDENT Change Addition NAME 1.2 NAME WILLIAM R ZACCARD CR2E034 STREET ADDRESS 9 NTYLER ST 13 STREET ADDRESS CITY-ST-ZIP BENERLY HILLS FL 34465 14 CITY - ST - 7/P DELETE Change Addition 2 1 THE VICE PRESIDENT NAME 2.2 NAME RONALD A MESICK aa N. BARBOUR ST STREET ADDRESS 2.3 STREET ADDRESS BEVERLY HILLS FL 34465 CITY-ST-7IP 2.4 CiTY - \$1 - 2iP DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-S1-ZIP 3.4 CDY - \$1-ZP DELETE 4 1 TELE Change Addition 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - \$1 - ZIP 4.4 CHY - ST-ZIP DELETE 5 1 BILE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CIFY - ST - ZIP DELETE 6 1 TIPLE Change Addition

14. I do 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). Fiorida 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 an attachment with an address

6.2 NAME

6.3 STREET ADDRESS

6.4 CHY-ST-ZIP

SIGNATURE:

21

22

23

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12.

TITLE

TITLE

HILL

TIFLE

NAME

TIT: F

NAME

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ATTHE MOTYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PACCARDI 4-85.96 360-746-7463