


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90183 031 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000080437**

1. Corporation Name

**RON RAN CORPORATION**

Principal Place of Business

**122 S MERIDIAN AVE**  
**TAMPA FL 3362**  
**US**

Mailing Address

**122 S MERIDIAN AVE**  
**TAMPA FL 33602**  
**US**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/16/1995**

4. FEI Number

**59-3341753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be**  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HALL, RALPH H.**  
**1225 MERIDIAN AVE**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **JOHN K. FINCH, ESQUIRE**

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

**323 MAIN STREET**

83

84 City **SAFETY HARBOR****FL**85 Zip Code **34695**

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 **4-29-99**

12. OFFICERS AND DIRECTORS

TITLE **PVT** ☐ DELETE
**HALL, RALPH H**  
**3075 BRANCH DRIVE**  
**CLEARWATER FL 33760**
TITLE **S** ☐ DELETE
**HALL, PATRICIA M**  
**3075 BRANCH DRIVE**  
**CLEARWATER FL 33760**
TITLE ☐ DELETE
**HALL, PATRICIA M**  
**3075 BRANCH DRIVE**  
**CLEARWATER FL 33760**
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**CLEARWATER FL 33760**
TITLE ☐ DELETE
**HALL, PATRICIA M**  
**3075 BRANCH DRIVE**  
**CLEARWATER FL 33760**

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, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHERINE HARRIS, PRESIDENT**
Date **4/7/99**Daytime Phone # **813/277-0409**

CR2E034 (1/198)