FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055754 1. Corporation Name

RALPHIE'S, INC.

Principal Place of Business
9820 BUNKER ROAD
LEESBURG FL 34788

Mailing Address

9820 BUNKER ROAD LEESBURG FL 34788

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

03-09-1999 90022 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 27 27 5. Certificate of Status Desired \$5. Certificate of Status Desired \$5. Set Additional \$5.00 May Be Additional									<u>06/28/1996</u>				_	
Suite, Apt. #, etc. 27	2. Principal Pl	ace of Business	2a.	Mailing Address			4	. FEI Number			L	App	lied For	
Suite, Apt. F. etc. Solide, Apt. F. etc.	21		26						59-3389755				Not	Applicable
City & Stater City & Stater	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5		us Desired	lectron I I			
25 Zip Country Zip Zi			27	City & State				-	Floation Company	an Einnneine		<u>e</u> ,	. 00	Ami Bo
Zip Country Zip Country Zip Country S. This corporation owes the current year Intengible No. 2 Name and Address of Current Registered Agent St. Name Name and Address of Naw Registered Agent St. Name		9	-	City & State				8	•	-				
3. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. Name and Addre		Country.	28	7in	Col	ntn/								
10 10 10 10 10 10 10 10			-	Zip				°	•		nen year na			- No
Name	24				30	Ι		10			Registered		-	
KING, LAUREL L 9820 BUNKER ROAD LEESBURG FL 34788 A		9. Name and Address of Current I	Kegis	stered Agent		81	Name	- 10	. Harile and Addi	C33 01 11011	rogiotoroa			
9820 BUNKER ROAD LEESBURG FL 34788 13	KING	LAUDEL I				· · · · · · · · · · · · · · · · · · ·								
STREET ADDRESS STRE						82 Street Address (P.O. Box Number is Not Acceptable)								
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 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, or hoth, in the State of Florida. Statutes gent. I am familiar with, and accept the obligations of, Section 607 0509. Florida Statutes SIGNATURE Signature										.	_			
TILL PIRTURNIENT to the provisions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered argent, or holds, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or holds, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or holds, in the State of Florida. Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE PSTD DELETE 1.1 mile Change Additional Control of Change Additional Control	LEES	BUNG FL 34/88	·			83								
TILL PIRTURNIENT to the provisions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered argent, or holds, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or holds, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or holds, in the State of Florida. Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE PSTD DELETE 1.1 mile Change Additional Control of Change Additional Control						84	City					85	Zip C	ode
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. In ereby accept the appointment as registered agent agent and manual or in passened agent and tills if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD						ll						•·i		
12.	office or re agent. I a	egistered agent or both in the State of	Florid	da. Such change was a	authorize	1 bv	the corpor	corporation s b	on submits this state looard of directors.	lement for the hereby acce	e purpose of ept the appo	chang intment	ing its i as reg	egistered istered
12.	SIGNATURE	Signature, typed or printed name of registered agent a	and title	if applicable. (NOT	E: Registered	l Agen	t signature rec	required when	reinstating)		DATE			
TITLE PSTD	12.				13.				ADDITIONS/CHA	NGES TO O	FFICERS A	VD DIR	ECTO	RS IN 12
NAME STREET ADDRESS 9820 BUNKER ROAD 13 STREET ADDRESS 12 NAME 12 NAME 13 STREET ADDRESS 14 CTTY-ST-ZP 14 CTTY-ST-ZP 14 CTTY-ST-ZP 14 CTTY-ST-ZP 15 TTLE 16 TTLE					1.1 T	TLE							nange	Addition
STREET ADDRESS SB20 BUNKER ROAD 13 STREET ADDRESS LEESBURG FL					1.2 N	AME								
CITY. ST. ZIP LEESBURG FL 1.4 CITY. ST. ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY. ST. ZIP Change Addition TITLE DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY. ST. ZIP Change Addition NAME 1.1 TITLE 1.1 TITLE Addition Addition Addition NAME 4.2 NAME 4.2 NAME TITLE Change Addition STREET ADDRESS 4.4 CITY. ST. ZIP Change Addition STREET ADDRESS 5.3 STREET ADDRESS CITY. ST. ZIP Change Addition STREET ADDRESS 5.3 STREET ADDRESS CITY. ST. ZIP Change Addition NAME 5.3 STREET ADDRESS CITY. ST. ZIP Change Addition STREET ADDRESS CITY. ST. ZIP Change Change Addition CITY. ST. ZIP Change Change Additio							ADDRESS							
TITLE								ļ			•			
NAME		LEESBUNG FL		Document	_		1-ZIP	 			_	ПС	nange	Addition
2,3 STREET ADDRESS 2,4 CITY-ST-ZIP														
CITY-ST-ZIP	NAME						_	1						
TITLE	STREET ADDRESS				- 1		1	1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A2 DELETE A4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE CAMBE A4 CITY-ST-ZIP TITLE CAMBE STREET ADDRESS CITY-ST-ZIP CAMBE STREET ADDRESS CITY-ST-ZIP TITLE CAMBE STREET ADDRESS CITY-ST-ZIP CAMBE STREET ADDRESS CITY-ST-ZIP TITLE CAMBE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP						T-ZIP	<u> </u>						Addition
STREET ADDRESS 33. STREET ADDRESS	TITLE			☐ DELETE									arige	
CITY-ST-ZIP	NAME				3.2 N	AME								
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.1 TITLE CNAME CHANGE Addition NAME 6.1 TITLE CNAME CTY-ST-ZIP CT	STREET ADDRESS				3.3 S	TREET	ADDRESS							
NAME	CITY-ST-ZIP				3.4. 0	ITY-S	T-ZIP							
STREET ADDRESS 4.3 STREET ADDRESS CITY- ST- ZIP 4.4 CITY- ST- ZIP TITLE DELETE 5.1 TITLE Change Additional C	TITLE			☐ DELETE	4.1 T	TLE					•		nange	☐ Addition
### CITY-ST-ZIP #### CITY-ST-ZIP ##### CITY-ST-ZIP ##### CITY-ST-ZIP ###################################	NAME				4.21	IAME	1	1						
## CITY-ST-ZIP ### CITY-ST-ZIP	STREET ADDRESS				4.3 S	TREET	ADDRESS							
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP CITY-ST-ZIP					4.4 C	ITY-S	T-ZIP							
NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP 6.2 NAME 6.3 STREET ADDRESS CITY- ST- ZIP 6.4 CITY- ST- ZIP 6.4 CITY- ST- ZIP				☐ DELETE	_							c	nange	☐ Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP					5.2 N	AME								
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP					5.3 S	TREET	TADDRESS							
DELETE					5.4 C	ITY-S	T-ZIP							
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP				DELETE			-	<u> </u>					hange	Addition
STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					62 N	AME							-	
CITY-ST-ZIP 6.4 CITY-ST-ZIP							TADDRESS							
URT-ST-ZP	STREET ADDRESS													
	CITY-ST-ZIP		451-7	CH	6.4 C	HY-S	i-ZIP	d in Cacti	440 07/2V/i\ Fl-	rida Ctatutan	L further co	ctifu the	t the in	formation

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.