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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P96000093266**1. Corporation Name

RON LARSON & ASSOCIATES INC.

## **FILED** Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90019 028 \*\*\*150.00



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Principal Place of Business Mailing Address								
6400 MANATEE AVENUE W #G BRADENTON FL 34209			6400 MANATEE AVENUE W #G BRADENTON FL 34209					
DIADEITION	C 04600	00				DO NOT WRITE IN THIS S	SPACE	
						3. Date Incorporated or Qualifed		
						11/12/1996		
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Appl	ied For
21		26				65-0712179		Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> Ad	
22		27	27			3. Continuate of Chalas Doorles	Fee Requ	uired
City & Stat	e	City &	City & State			6. Election Campaign Financing	\$5.00 M	
23		28				Trust Fund Contribution	Added to	Fees
Žip	Country	Zip	Co	ountry		8. This corporation owes the current year Inta		_
24	25	29	30			Torochar Tropony Tax		<b>X</b> (No
	9. Name and Address of Curr	rent Registered A	gent			10. Name and Address of New Registered A	gent	
			. \$ .	81	Name			1
LARSON, RONALD L				82	2 Street Address (P.O. Box Number is Not Acceptable)			
	DENTON FL 34209			83		32	11. 5446	क्षित्र हैं
5.01	DE.11 011 1 E 0 1200							
				84	City	FL	85 Zip Co	de
office or I	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	ite of Florida. Such	change was authorize	ea by	the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	thanging its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable	. (NOTE: Register	red Ager	nt signature require	d when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	PD		☐ DELETE 1.1	TITLE			☐ Change	☐ Addition
NAME	LARSON, RONALD L		1.2	NAME				
STREET ADDRESS	3001 RIVERVIEW BLVD W		1.3	STREET	TADDRESS			
CITY-ST-ZIP	BRADENTON FL		1.4	CITY-S	T-2IP			
TITLE	STD		DELETE 2.1	TITLE		<del></del>	☐ Change	☐ Addition
NAME	LARSON, PATRICIA S		2.2	NAME				į
STREET ADDRESS	AAAA DILEDIADA DI VO MI		2.3	STREET	T ADDRESS			ĺ
CITY-ST-ZIP	BRADENTON FL		2.4	CITY-S	ST-ZIP			
TITLE	5.3 (5E117-011-1-E	2 4		TITLE			Change	Addition
NAME			3.2	NAME				
- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	Park Commence of the				T ADDRESS			20, 427
STREET ADDRESS	0.000 (2011)			CITY-S		• •		
CITY-ST-ZIP				TITLE	y, <u>s</u> !!		Change	Addition
			_	2 NAME				
NAME					TADDRESS			
STREET ADDRESS		•						
CITY-ST-ZIP				CITY-S	11-211-		Change	Addition
TITLE	1		_	NAME				_ }
NAME					T ADDRESS			ļ
STREET ADDRESS	β., β.,							ļ
CITY-ST-ZIP	1		4	CITY-S	51-ZIP		☐ Change	Addition
TITLE	Mark of the			TITLE				
NAME	3/25 C 1880 C			NAME				
STOCET ANNOESS	J. ESAL S. A. S.		6.3	STREE	TADDRESS			

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. CITY-ST-ZiP