## 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 # **P97000016073**1. Corporation Name

RING CUSTOM INSTALLATION, INC.

Principal Place	e of Business	Mailing Address		I (BEINER in 1814 1884) aufter bater beter derer breite aufen abert tenter
7632 SOUTHSIC	DE BLVD.	7632 SOUTHSIDE BLVD.		
#464 #464  JACKSONVILLE FL 32256 JACKSONVILLE FL 32256				DO NOT WRITE IN THIS SPACE
JACKSONVILLE	FL 32230	PHONOCHAILLE I E 32200		3. Date Incorporated or Qualifed
				02/17/1997
2. Principal Pl	ace of Business	2a. Mailing Address	<u></u>	4. FEI Number Applied For
	7 Happy Vole Rd.	26 10767 Happ	y Vale Pr	O, 65-0728874 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	1	5. Certificate of Status Desired   \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		.6. Election Campaign Financing \$5.00 May Be
23 Jack	Asonville, FL.	28 Jacksonui		Trust Fund Contribution Added to Fees
¬ Zip	Country		Country USA	8. This corporation owes the current year Intangible  Personal Property Tax.
<u> </u>		29 33246 30	<u>U&gt;U</u>	Torochart topological
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
RING	A JAMES		- Traine	
RING, JAMES 7632 SOUTHSIDE BLVD				Address (P.O. Box Number is Not Acceptable)
464			83	167 HOPPY Vale TO:
	KSONVILLE FL 32256			
Ų. O.	NOOTHILL I E GLEGG		84 City	chsonville FL 85 Zip Code. 32246
44 . D	4- th-	and 607 1509 Florida Statutas II	a shove-named o	
office or r	egistered agent, or both, in the State of	f Florida Such change was author	ized by the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	or familiar with, and accept the obligati	ons of Section 607.0505, Florida	Statutes.	11/0/99
SIGNATURE	Signature, byted or printed name a registered agent	and title if applicable (NOTE: Regis	tered Agent signature re	quired when rejostating) DATE
12.	OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		1.1 TITLE	Change Addition
NAME	RING, JAMES	į.	1.2 NAME	
STREET ADDRESS	7632 SOUTHSIDE BLVD 464	· •	1,3 STREET ADDRESS	10767 Happy Vale Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32256	1	1.4 CITY-ST-ZIP	Jacksonuile, +C. 32246
TITLE	T	☐ DELETE	2.1 TITLE	Change Addition
NAME	RING, JENNIFER	<b>i</b> :	2.2 NAME	
STREET ADDRESS	7632 SOUTHSIDE BLVD 464	l:	2.3 STREET ADDRESS	10767 Happy Vale Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32256	`\ '	2. 4 CITY-ST-ZIP	Jacksonville Fl 32246
TITLE		DELETE :	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	•
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS	11.75.47	[-	5.3 STREET ADDRESS	
CITY-ST-ZIP	.2		5.4 CITY-ST-ZIP	
TITLE			6.1 TITLE	☐ Change ☐ Addition
NAME			8.2 NAME	
			1	· · · · · · · · · · · · · · · · · · ·

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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

04-14-1999 90004 032 \*\*\*150.00