

FILED

Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90238 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000086103		
1. Corporation Name RON & THEA, INC.		

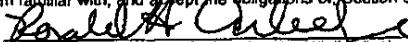
Principal Place of Business 12506 MISSION HILLS DR., S. JACKSONVILLE FL 32225	Mailing Address 12506 MISSION HILLS DR., S. JACKSONVILLE FL 32225
2. Principal Place of Business 21 Suite, Apt. #, etc. 26	2a. Mailing Address 26 Suite, Apt. #, etc. 27
City & State 22 23	City & State 27 28
Zip 24 25	Zip 29 30



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/03/1997	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-3473419	<input type="checkbox"/> \$8.75 Additional <input type="checkbox"/> Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees
6. Election Campaign Financing <input type="checkbox"/>	<input type="checkbox"/> \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent	
ELKINS, HAROLD 6061 MERRILL RD. JACKSONVILLE FL 32277	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code
10. Name and Address of New Registered Agent	

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 **3/13/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME	<input type="checkbox"/> DELETE 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLEDGE, RONALD	1.2 NAME
STREET ADDRESS	12506 MISSION HILLS DR., S.	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLEDGE, RONALD	2.2 NAME
STREET ADDRESS	12506 MISSION HILLS DR., S.	2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLEDGE, RONALD	3.2 NAME
STREET ADDRESS	12506 MISSION HILLS DR., S.	3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLEDGE, RONALD	4.2 NAME
STREET ADDRESS	12506 MISSION HILLS DR., S.	4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLEDGE, RONALD	5.2 NAME
STREET ADDRESS	12506 MISSION HILLS DR., S.	5.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225	5.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLEDGE, RONALD	6.2 NAME
STREET ADDRESS	12506 MISSION HILLS DR., S.	6.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225	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, without other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)