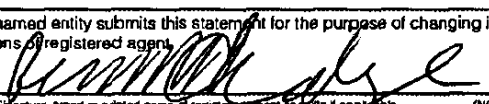
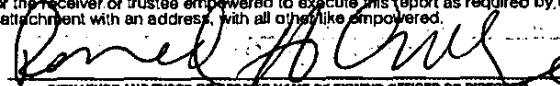


FILED
May 12, 2004 8:00 am
Secretary of State

66420967

DOCUMENT # P97000086103 1. Entity Name RON & THEA, INC.				Secretary of State 04-22-2004 90030 035 ***150.00	
Principal Place of Business 2583 MASTANG RIDGE DR JACKSONVILLE, FL 32225-4659		Mailing Address 2583 MASTANG RIDGE DR JACKSONVILLE, FL 32225-4659		66420967	
2. Principal Place of Business 3520-5 St John Bluff Rd		3. Mailing Address 12583 Masters Ridge Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152004 Chg-P CR2E034 (10/03)	
City & State Jacksonville FL		City & State		4. FEI Number 59-3473419	
Zip 32224		Country Dwal		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELKINS, HAROLD 720 ST. JOHN'S BLUFF RD NO JACKSONVILLE, FL 32225-7703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 720 St John's Bluff Rd N. #4 City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/20/04 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ARLEDGE, RONALD 2583 MASTERS RIDGE DR JACKSONVILLE, FL 322254659			TITLE NAME STREET ADDRESS CITY-ST-ZIP 12583 Masters Ridge Dr Jacksonville FL 32225-4659		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE 5/4/04 (904) 6415 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					