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 # P98000055645

1. Corporation Name

RONALD K. CARR, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90266 005 ***150.00



Principal Place	e of Business	Mailing Address							
500 EAST KEN	NEDY BLVD. #200	500 EAST KENNEDY BLVD. #200							
TAMPA FL 33		TAMPA FL 33				DO NOT W	RITE IN THIS	SPACE	
					3. Date Incorpor				
					06/22/199				
2 Principal P	lace of Business —	2a. Mailing Address			* EEI Number		- 4	- Ap	plied For
21 4612		5 26 4612 PARADIS	E Isi	LES	59-3.	54543	32	No	t Applicable
Suite, Apt.	·	Suite, Apt. #, etc.			5. Certificate of S			\$8.75	
22		27			5. Certificate of a	Status Desired		Fee Re	equired
City & Stat	9 5 1	City & State 5 TIN	<u> </u>		-6;-Election Cam		9 - _[]	-	May Be
	STIN FL				Trust Fund Co			Added :	to Fees
^{2ip} 325	Country	^{Zip} 3254/ 30	Country 4	A	8. This corporati	-	irrent year inta	angible □Yes	BNo
24 223	41 ₂₅ USA	123	1 4 71		Personal Prop		Registered (2340
 	9. Name and Address of Currer	it Registered Agent	81 N	Name 0		$\overline{}$	_	.90	
ROLAND, DOUGLAS C					KONALU N. CARK				
500 EAST KENNEDY BLVD. #200				Street Addre	SS (P.O. Box Numb	er is Not Acce	ptable)	-<	
	IPA FL 33	83	1010	x / //k/	// <i>/ /</i>	<u> </u>			
								T1	
			84 (ESTIN		FL	85 Zip	Code
44 Burguant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above-n	amad aama	rotion submits this	statement for ti	ne numnse of	changing its	registered
office or i	to the provisions of Sections 607.05t registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida Such change was auth	orized by the	corporation	n's board of director	rs. I hereby acc	ept the appoi	ntment as re	gistered
agent. I a	im familiar with, and accept the police	pronsor, Section 607.0505 Folida	ALO A	1. Ca.	RA				J
SIGNATURE	Signature, typed or printed name of registered age		gistered Agent sig	nature required	when reinstating)		DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/C		FFICERS AN		
TITLE	PRESIDENT	₩ DELETE	1.1 TITLE		PRESIDE			Change	☐ Addition
NAME	DOUGLAS C. ROL	ANO	1.2 NAME	/	RONALO 1612 PAR	K.CA	PR	c <i>c</i>	ĺ
STREET ADDRESS	500 E. KENNEDY B	OULEVARD, SUITE OOD	1.3 STREET AD	DRESS 4	1612 PAR	ADISE	2766		-
CITY-ST-ZIP	TAMPA FL 33	602	1.4 CITY-ST-ZI	IP	DESTIN	FL.	2027	That	
TITLE	SECRETARY KEITH W. BRICKLE	AVER DELETÉ	2.1 TITLE	ر ا	SECRET	ARY	, a	Change	☐ Addition
NAME	KEITH W. BRICELL	DIAGO SUTE ROA	2.2 NAME	િં	ELLE L.	CARK	TC 1 6	-	ļ
STREET ADDRESS			2.3 STREET AD	DRESS 4	IGIZ PAR	ADISE	725	3 111	
CITY-ST-ZIP	TAMPA FL 336	<i>0</i> 2	2.4 CITY-ST-Z	7P	DESTIN	FL	325	7/	
TITLE		☐ DELETE	3.1 TITLE				 _	Change_	Addition.
NAME			3.2 NAME	j					}
STREET ADDRESS			3.3 STREET AD	DORESS					1
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY- ST-Z	ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET AD	ORESS					
CITY-ST-ZIP			4.4 CITY-ST-Z	IP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET AD	DORESS					
CITY-ST-ZIP			5.4 CITY-ST-Z	IP		<u>,</u>			
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME	J		6.2 NAME						
STREET ADDRESS	,		6.3 STREET AD	DDRESS					1
	4		_						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.

SIGNATURE