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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000055650**1. Corporation Name

RONCO BUILDERS OF FLORIDA, INC.

Principal Place of Business Mailing Address								i şêdijêbi jin ralat şêrin denir dan	i <b>Be</b> rti <b>Be</b> ret <b>e</b>	I(IB) BII(B BI	El Etiri Adul (da)
210 EAST HIGHLAND DRIVE		210	210 EAST HIGHLAND DRIVE				1				
SUITE 1			SUITE 1					DO NOT WRITE IN THIS SPACE			
LAKELAND FL 33813		LAKE	LAKELAND FL 33813				ŀ	3. Date Incorporated or Qualifed			
								05/20/1998			
2. Principal Pl	lace of Business	2a. I	Mailing Address	_				4. FEI Number			Applied For
21		26	-					59-3505695		1	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22		27						5. Certificate of Status Desired		Fee F	Required
City & State	е		City & State					6. Election Campaign Financing	П		D May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country	<u> </u>	Zip	$\overline{}$	untry			8. This corporation owes the curre	nt year Inta		
24	25	29		30	1			Personal Property Tax.  10. Name and Address of New Ro	- sietered	Yes	□No
	9. Name and Address of Curren	nt Registe	ered Agent		81	Name		10. Name and Address of New Ri	egistereu A	Agent .	
FRAI	NKLIN, JAMES R				"	Name					
215 IMPERIAL BOULEVARD					82	Street A	Addres	s (P.O. Box Number is Not Acceptate	Not Acceptable)		
	TE C-3				83				_		
	ELAND FL 33803				33						
0,,,					84	City			FI	85 Zip	Code
44	to the provisions of Sections 607.050	32 60	7 1509 Elosido Statu	toe the s	above	named 4	cornor	ation submits this statement for the r	. –	changing i	ts registered
Office or ri		of Florida	Such change was	authorize	d by t	the corpo	oration'	's board of directors. I hereby accept	the appoir	itment as i	registered
agent. I ai	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	of Florida ations of, S	i. Such change was Section 607.0505, Fi	authorize orida Stat	tutes.	the corpo	oration	s board of directors. I hereby accept	DATE	urient as	egalered
agent. I ai	m familiar with, and accept the obliga  Signature, typed or printed name of registered ager  OFFICERS AN	of Florida ations of, S and title if a	i. Such change was Section 607.0505, Fl applicable. (NOT	euthorize orida Stat E: Registere 13.	tutes.	the corpo	oration	s board of directors. I nereby accept	DATE	D DIRECT	ORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR