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 # P98000056223

1. Corporation Name

RON'S ANTIQUE PLACE INC.

Principal Place of Business Mailing Address

3213 WEST HIGHWAY 98
PANAMA CITY FL 32401 PANAMA CITY FL 32401

FILED Jun 04, 1999 8:00 am Secretary of State

06-04-1999 90007 026 ***150.00



PANAMA CITY FL 32401 DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualifed 06/22/1998 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 5000 West HWY 98 Not Applicable 4332 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Zip Country USA □No Yes Yes Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GRIFFIS, RONALD W Street Address (P.O. Box Number is Not Acceptable) 2810 WOODMERE DR. **PANAMA CITY FL 32405-4384** 83 Zip Code City 85 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 607.6505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE TITLE 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 132405 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 1408VY 21665 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4,1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TILE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an artiachipent with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PROVIED NAME OF SIGNING OFFICER OR DIR

4/30/99 850-7696911 Dayting Phone # CR2E034 (11/98)