

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90104 041 ***158.75

0460785

DOCUMENT # S08726

1. Corporation Name

RAGNA MUSIC INCORPORATED

Principal Place of Business

5940 20TH AVE. SW
NAPLES FL 33999

Mailing Address

5940 20TH AVE. SW
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1990

4. FEI Number

65-0272204

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 233 MONTEREY DRIVE

Suite, Apt. #, etc.

22

City & State

23 NAPLES FL

Zip

24 34119

Country

25

2a. Mailing Address

26 233 MONTEREY DRIVE

Suite, Apt. #, etc.

27

City & State

28 NAPLES FL

Zip

29 34119

Country

30

9. Name and Address of Current Registered Agent

PRINGLE, DOROTHY
5940 20TH AVE SW
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name DOROTHY PRINGLE

82 Street Address (P.O. Box Number is Not Acceptable)
233 MONTEREY DRIVE

83

84 City NAPLES

FL

85 Zip Code 34119

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PRINGLE, DAVID M
STREET ADDRESS 5940 20TH AVE. SW
CITY-ST-ZIP NAPLES FL

TITLE STD ☐ DELETE

NAME PRINGLE, DOROTHY A
STREET ADDRESS 5940 20TH AVE. SW
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME PRINGLE DAVID M
1.3 STREET ADDRESS 233 MONTEREY DRIVE
1.4 CITY-ST-ZIP NAPLES FL

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME PRINGLE DOROTHY A
2.3 STREET ADDRESS 233 MONTEREY DRIVE
2.4 CITY-ST-ZIP NAPLES FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Dorothy Pringle DOROTHY PRINGLE

01-10-99

941-455-7332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)