PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S22411**

1. Corporation Name

RON A. RHOADES, P.A.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90078 030 ***150.00



Principal Place of Business	Mailing Address			ift Bifte diftt bifte mente mitte frate	1881
2420 N ESSEX AVE	2420 N ESSEX AVE				
HERNANDO FL 34442	HERNANDO FL 34442		DO NOT WRITE	IN THIS SPACE	
			Date Incorporated or Qualifed	114 11110 01 702	
			01/01/1991		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied Fo	or I
21 2428 N ESEX A.		Ester Aua	59-3044252	Not Applic	able
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Addition	al
22			5. Certificate of Status Desired	Fee Required	
City & State	City & State	FL	6. Election Campaign Financing	\$5.00 May Be	
23 Hernando FL	28 Ho (2000)		Trust Fund Contribution	Added to Fees	\longrightarrow
Zip Country 25 Country	- 31443 C	Country	8. This corporation owes the current	year Intangible ☐ Yes XNo	1
		30	Personal Property Tax. 10. Name and Address of New Reg		
9. Name and Address	of Current Registered Agent	81 Name	10. Name and Address of New York	Ilaiorea Agent	
RHOADES, RON A.					
2420 N ESSEX AVE		82 Street Add	ress (P.O. Box Number is Not Acceptable	9)	}
HERNANDO FL 34442		83	18 Nov C 275% 112==		
			<u></u>		
		84 City		FL 85 Zip Code	
					}
office or registered agent, or both, in	ns 607.0502 and 607.1508, Florida Statute the State of Florida. Such change was au the obligations of, Section 607.0505, Flor	ithorized by the corporati	poration submits this statement for the pu ion's board of directors. I hereby accept t	rpose of changing its registe he appointment as registered	red
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori	ithorized by the corporation ida Statutes.	ion's poard of directors. Friefeby accept t	ne appointment as registered	red
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

352-746-1006