FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90067 011 ***150.00

	1000	متت						04-27-177	// /000/ 0	11 150	.00
DOCUMENT # \$42998 1. Corporation Name RON-AL OF PINELLAS, INC.											
			95 Add							i Birki Ririi Birki	#1#1 #1#11 1##1
Principal Place of Business			Mailing Address								
1056 N PINELLAS AVE TARPON SPRINGS FL 34689			1056 N PINELLAS AVE TARPON SPRINGS FL 34689				ĺ				
TATIL OIL OILING	100 / 2 04003	(7)(1)	TON OF MINOS TE SAC	,,,				DO NOT \	WRITE IN TH	S SPACE	
							3	Date ir corporated or Qual	ifed		
								04/02/1991			
2. Principa Place of Business			2a. Mailing Address				'	4. FEI Number			pplied For
21			26					<u>59-3059433</u>			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desire	d 🗆		Additional equired
City & State			City & State					6. Election Campaign Financ	ing _	\$5.00	May Be
23			28				上	Trust Fund Contribution	"" ⁹ 🗆	Added	to Fees
Zip	Country Zip			Count	Country			8. This corporation owes the	current year i	ntangible	S_1
24	25	29	<u> </u>					Person al Property Tax		Yes	CXNo
	9. Name and Address of Cur	rent Registe	ered Agent		4	Nama	1	0. Name and Address of Ne	w Registere	d Agent	
WILLIAMS, RONALD S					81 Name						
325 LAUCHING GULL LANE				8	82 Street Ad I			(P.O. Box Number is Not Acc	eptable)		
PALM HARBAR FL 34618				83							
				8	4	City			F	85 Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stom familiar with, and accept the ob-	ate of Florida	a. Such change was a	uthorized b	y ti	-named he corpo	corporati ora ion's	ion submits this statement for board of directors. I hereby a	the purpose	of changing its	s registered egistered
SIGNATURIE											
Signature, typed or printed name of registered agent			·			stered Agent signature requi		an reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	2D 2 IN 12
TITLE	D	AND DIREC	DELETE	13.				AUDITIO NS/CHANGES TO	OFFICERS /	Change	Addition
NAME	WILLIAMS, RONALD S.				1.2 NAME)				
STREET ADDRESS	325 LAUGHING GULL LN					STREET ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL			1.4 CITY-ST-ZIP			<u> </u>				İ
TITLE	☐ DELETE				2.1 TITLE					Change	Addition
NAME				22 NAME	Ξ						
STREET ADDRESS				2.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				2.4 CITY	2. 4 CITY-ST-ZIP						
TITLE			☐ DELETE 3.17		3.1 TITLE					Change	☐ Addition
NAME				3.2 NAME	Ξ						
STREET ADDRES 3				3.3 STRE	ET #	ADDRESS	Į				
CITY-ST-ZIP				3.4. CITY		-ZIP					CT Addit
TITLE			☐ DELETE	4.1 TITLE						Change	Addition
NAME				4.2 NAM		}					l
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CITY-	ST-	-ZIP	L				

14. I hereby sertify 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 is true and accurate and that my signature shall have the same legal effect as if made under ooth; that I am an officer or director of the doptoration or the receiver or trustee empowered to execute this report as required by Chapter 307, 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.

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (IR DIRECT

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

4/25/99 727-938-76

CR2E034 (11/98)

Addition

Addition

Change

Change