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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

RON PUTMAN CONSTRUCTION, II, INC.

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**FILED** 

Feb 27 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address						I INGULANIA INI DINDI CIRIN MININ	NAMES CONTRACTOR OF STATE OF S
PO BOX 28375 PO BOX 28375 PANAMA CITY FL 32411 PANAMA CITY						DO NOT WRITE IN	N THIS SPACE
						3. Date Incorporated or Qualified	
					nr	04/12/1991	
<del></del>	lace of Business	<u>├-</u> -┐ ਁ	28. Mailing Address			4. FEI Number	Applied For
Suite, Apt	# ata	26	Suite, Apt. #, etc.			59-3063474	Not Applicable
22	π, <del>α</del> (C.	<b>}</b> —¬ '	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e		City & State			Election Campaign Financing	<del></del>
23		28	28			1	\$5.00 May Be ☐ Added to Fees
Zip			Country		y	8. This corporation owes or has paid the current year Intangible	
24	25 29 30			Personal Property Tax due June 30. Yes 🗹 No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
HESS, BRIAN D.				81	Name		
	38 FRONT BEACH RD	00107		82	Street Add	dress (P.O. Box Number is Not Acceptable)	)
PAI	NAMA CITY BEACH FL	32407		83			
				0.5			
				84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, F	lorida Statutes, the	abov	e-named cor	poration submits this statement for the pur	
office of fi	egi <b>ster</b> ed agent, or both, ir	n the State of Florida. Such c It the obligations of, Section 6	hange was authoriz	zed by	v the corpora	poration submits this statement for the purp ation's board of directors. I hereby accept t	he appointment as registered
SIGNATURE		,		ici ci ci	<b>.</b> .		
	·	registered agent and little if applicable	(NOTE Registe	red Age	eni signatura requ		DATE
12.		ICERS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICER	
TITLE	D Destradas dasista	L		JITIT			☐ Change ☐ Addition
NAME	PUTMAN, ANITA 704 BLUEFISH DR			NAME	İ		
STREET ADDRESS	PANAMA CITY FL				ADDRESS		
CITY-ST-ZIP TITLE	FARAMA UIT FL			CITY-S	ST-ZIP		Change Addition
NAME				NAME		£.	LI change LI Addition
STREET ADDRESS					ADDRESS	·	
CITY-ST-ZIP				CITY-S			
TITLE	•			TITLE			☐ Change ☐ Addition
NAME			3.2	NAME			
STREET ADDRESS			3.3	STREET	ADDRESS		
CITY-ST-ZIP				CITY-S	ST-ZIP		
TITLE			DELETE 4.1	TITLE			Change Addition
NAME			4. 2	NAME			
STREET ADDRESS			4.3	STREET	ADDRESS		
CITY-ST-ZIP		···		CITY-S	T-ZIP		
TITLE				TITLE	1		Change Addition
NAME STREET ADDRESS				NAME OTOGE?	ADDRESS		
Į.					ADDRESS		
TITLE				CITY-S' TITLE	1 - ZIP		☐ Change ☐ Addition
NAME			1	NAME			C Change C Addition
STREET ADDRESS					ADDRESS		
			V.5				i

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.

6.4 CITY - ST - ZIP