Applied For Not Applicable

□No

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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 # V05736 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

RON & DOUG TEMPS INC.

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

22

23

24

Principal Place of Business	Mailing Address
3923 LAKE WORTH RD 110 LAKE WORTH FL 33461	PO BOX 1631 PENSACOLA FL 32597 US
US	3.0

26

27

28

29

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90135 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

01/10/1992 4. FEI Number

65-0307690

DOXEY, DOUGLAS J. 1063† CYPRESS BEND DR			8.	2 Street	Address (P.O. Box Number is Not Acceptable)		
	A RATON FL 33498		8:	3			
,	A TATOR VE SCHOOL						
į,			8		FI	- 1 1	
office or n	to the provisions of Sections 607.0502 ar egistered agent, or both, in the State of F m familiar with, and accept the obligations	lorida. Such change was a	iuthorized b	y the corpo	corporation submits this statement for the purpose o oration's board of directors. I hereby accept the appora-	f changing its i intment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Ag	ent signature a	required when reinstating) DATE		
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PALMERTON, RON		1.2 NAME				
STREET ADDRESS	5831 VESTAVIA LN		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-	ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	DOXEY, DOUGLAS J.		2.2 NAME	i			
STREET ADDRESS	10631 CYPRESS BEND DR		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAM	Ē			İ
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				ł
STREET ADDRESS			6.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP			6.4 CITY-				
14. I hereby o	certify that the information supplied with the	is filing does not qualify fo	or the exemp	otion state	d in Section 119.07(3)(i), Florida Statutes. I further co	ertify that the in	normation

Country

Name

30

I hereby certify that the information supplied with this litting does not qualify for the exemption stated in Section 19.07(5)(f), Notice and supplied with this little 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.