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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # V34168

(7)

Mailing Address

RONNIE'S FENCE & FENCE REPAIR INC.

FILED Apr 24 1997 8:00am Secretary of State

226 BUTTONNO TAVERNIER FL	OOD 33070	P.O. BOX 1071 KEY LARGO FL 33037-1071						
ម៉ូ មេ មេ		US		3. Date incorporated or Qualified 05/06/1992	3a. Date of Last Report 05/01/1996			
	ace of Business	28. Mailing Address			4. FEI Number		Appl	ied For
21		26			65-0338960			Applicable
Sulte, Apt.	V, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Ad	
Suffe, Apt. #, etc. 22 Ctly & State		27				Fee Requ		
City & State	1 ,	City & State		6. Election Campaign Financing	1 7 7 7			
3 Zip	Zip Country Zip			Trust Fund Contribution				
Zip 4	25	<u>├</u>	30	y		intangible tax ∃Yes 🔲 N		99.032,
41	9. Name and Address of Current		50		10. Name and Address of New Re			
LAMIA			81	Name		<u> </u>		
	IAMS, RONALD L BUTTONWOOD LANE							
	RNIER FL 33070		82	Street A	ddress (P.O. Box Number is Not Acceptat	ile)		
	MARU LF 22010		83	d				
				<u> </u>			.T = =	
* 13 30 30			84	City	•	FL 81	5 Zip Co	ide
SIGNATURE	in familiar with, and accept the obligation of superior age.	it and title if applicable (NOTE	Registered Ag		equired when reinstating)	DATE		
12.	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	DELETE	1.1 TITLE			LJ	Change	Addition
NAME	WILLIAMS, RONALD		1.2 NAME	- 1				
STREET ADDRESS	226 BUTTONWOOD			1 ADDRESS				
OTY-ST-ZIP	TAVERNIER FL	DELETE	1.4 CITY -	ST-2IP			Change	Addition
TITLE	VPD	_ beech	2.1 TITLE 2.2 NAME			L	Onlings	
NAME STREET ADDRESS	WILLIAMS, RONALD JR 205 CUBA			T ADDRESS				
17 124	TAVERNIER FL		2 4 CHTY					
TITLE	VPD	☐ DELETE	31 TITLE	- 31 - ZIT			Change	☐ Addition
NAME	GREGORY, MICHEAL R	-	3.2 NAME					
STREET ADDRESS	226 BUTTONWOOD		3.3 STREE	T ADDRESS				
CITY-\$1-ZIP	TAVERNIER FL		3.4. CITY -	· ST- ZIP				
mr (DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CHY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1			Change	Addition
NAME .			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-				Change	Addition
TITLE		☐ DECEIE	6.1 TITLE	i			опанув	
NAME:			6.2 NAME	1				
STREET ADDRESS			1	T ADDRESS				
City-St-ZIP	ou partify that the information supplier	with this filing does not qualify	for the ex		ated in Section 119.07(3)(i), Florida Statute	s I further ce	rtify that th	
informatio	n indicated on this annual report or s	upplemental annual report is tru the receiver or trustee empowe	ue and acc ered to exe	curate and t	that my signature shall have the same lega eport as required by Chapter 607, Florida (al effect as if n	nade unde	er oath; tha