FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50798** **(0)**

1. Corporate Name
RONDAK ENTERPRISES, INC.

Principal Place of Business
ROUTE 2, BOX 2740
GLEN ST. MARY FL 32040

Mailing Address
ROUTE 2, BOX 2740
GLEN ST. MARY FL 32040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **07/13/1992**
3a. Date of Last Report: **04/26/1994**

21 2. Principal Name of Business
26 2a. Mailing Address

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

23 City & State
28 City & State

24 Zip / 25 Country
29 Zip / 30 Country

4. FEI Number: **59-3131910** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRUMMEY, JAMES R.
ROUTE 2, BOX 2740
GLEN ST. MARY FL 32040

10. Name and Address of New Registered Agent

81 Name: Crummey James R
82 Street Address (P.O. Box Number is Not Acceptable): Rt 2 Box 2740 - 5t Rd 125N
83
84 City: Glen St Mary FL 85 Zip Code: 32040

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] (Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
10 TITLE	P	11 TITLE	☐ Change ☒ Addition: S
11 NAME	CRUMMEY, JAMES R.	12 NAME	Crummey, Neva D.
12 STREET ADDRESS	ROUTE 2, BOX 2740	13 STREET ADDRESS	Rt 2 Box 2740
13 CITY-ST-ZIP	GLEN ST. MARY FL	14 CITY-ST-ZIP	Glen St Mary FL 32040
15 TITLE		21 TITLE	☐ Change ☐ Addition
16 NAME		22 NAME	
17 STREET ADDRESS		23 STREET ADDRESS	
18 CITY-ST-ZIP		24 CITY-ST-ZIP	
19 TITLE		31 TITLE	☐ Change ☐ Addition
20 NAME		32 NAME	
21 STREET ADDRESS		33 STREET ADDRESS	
22 CITY-ST-ZIP		34 CITY-ST-ZIP	
23 TITLE		41 TITLE	☐ Change ☐ Addition
24 NAME		42 NAME	
25 STREET ADDRESS		43 STREET ADDRESS	
26 CITY-ST-ZIP		44 CITY-ST-ZIP	
27 TITLE		51 TITLE	☐ Change ☐ Addition
28 NAME		52 NAME	
29 STREET ADDRESS		53 STREET ADDRESS	
30 CITY-ST-ZIP		54 CITY-ST-ZIP	
31 TITLE		61 TITLE	☐ Change ☐ Addition
32 NAME		62 NAME	
33 STREET ADDRESS		63 STREET ADDRESS	
34 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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 above, if changed, or is entered in these blocks.

SIGNATURE: James R. Crummey 4/22/95 904-259-4608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0400061 FP