1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90014 012 ***150.00

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DOCUMENT # V53270 1. Corporation Name

RONI MIKELS INC

POIN	HIIII	11101

Principal Place of Business	Mail	ling Address						
502 NW 75TH ST. APT. 306 GAINESVILLE FL 32607	502 APT.	502 NW 75TH ST. APT. 306 GAINESVILLE FL 32607		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
	م وروستند ، د ما رامو په اد سا	سب منب - بادر ا				07/07/4000		
2. Principal Place of Business	2a.	Mailing Address	-		4.	. FEI Number		Applied For
21	26					59-3134854		Not Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	. Certifcate of Status Desired		.75 Additional ee Required
City & State	28	City & State		_	6.	Election Campaign Financing Trust Fund Contribution	•	.00 May Be ided to Fees
	Country 29	Zip Co 30	untry		8.	This corporation owes the current year In Personal Property Tax.	ntangible	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
JOHNSON, L. MICHAEL 502 NW 75TH ST. APT. 306 GAINESVILLE FL 32607			81 82 83	Name Street Addre	ess (P.O. Box Number is Not Acceptable)			
			84	Citv			85	Zip Code

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	L. MICHAEL JOHNSON, PRE	SIDENT	4/15/99
		gistered Agent signature required when reinstating)	
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, L. MICHAEL	1.2 NAME	
STREET ADDRESS	502 NW 75TH ST., APT.306	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	And the same of th	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4, 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-Z#P		4.4 CITY+ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME (%)		5.2 NAME	
STREET ADDRÉSS		5.3 STREET ADDRESS	
CITY-ST-ZIP- '		5.4 CITY-ST-ZIP	
TITLE 3	☐ DELETE	6.1 TITLÉ	☐ Change ☐ Addition
NAME .		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY_ST_7IP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

