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 #342963

| RYON & | POOSER CORPORATION | | | | | | | | EN EURO FER |
|---|--|--|-----------------------------|---------------------------|----------|----------|---|-------------------------------|------------------------|
| Principal Plac | e of Business | Mailing Address | | | | | | 4 01011 01011 0F017 0F01F 0F1 | 4)) 4 100 (400) |
| 1301 S. HICKORY STREET 402 RIVERSIDE DRIVE MELBOURNE FL 32901 MELBOURNE BEACH FL 32951 | | | L 32951 | | | | DO NOT WRITE I | N THIS SPACE | |
| | | | | | | | 3. Date Incorporated or Qualifed 03/13/1969 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | _ | 4. FEI Number | Ap | plied For |
| 21 | | 26 | | | | | 59-1232957 | | ot Applicable |
| Suite, Apt | #, etc | Suite, Apt #, etc | | | | | Certificate of Status Desired | \$8.75 <i>A</i> | |
| 22 | | 27 | | | | | | Fee Re | |
| City & Stat | e | City & State | | | | | Election Campaign Financing Trust Fund Contribution | 55.00 Added | May Be to Fees |
| Zip | Country | Zip | | Country | | | 8. This corporation owes the current | | □No |
| 24 | 25 | 29 | 30 | | | | Personal Property Tax. | | |
| | 9. Name and Address of Curre | ent Registered Agent | | 81 | Name | | 10. Name and Address of New Reg | stered Agent | |
| | , dale s | | | 82 | | Addro | ss (P.O. Box Number is Not Acceptable | 1 | |
| 402 RIVERSIDE DRIVE | | | | 82 | Street | Addres | SS (P.O. Box Number is Not Acceptable | <i>'</i> | |
| MELBOURNE BEACH FL 32951 | | | | 83 | | | | | |
| | | | | 84 | City | | | FL 85 Zip | Code |
| office or i | to the provisions of Sections out of registered agent, or both, in the State in familiar with, and accept the oblig standard, typed or printed name of registered ac | e of Florida. Such change i lations of, Section 607.050 | vas author 5. Florida \$ | ized by Statutes | the corp | oration | ation submits this statement for the pur 's board of directors. I hereby accept th | e appointment as re | gistered |
| 12. | | ND DIRECTORS | 1 | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTO | ORS IN 12 |
| TITLE | DP | ☐ DELE | IÉ. | 1 1 TITLE | | | | Change | Addition |
| NAME | RYON, DALE S | | | 2 NAME | | | | | |
| STREET ADDRESS | 402 RIVERSIDE DRIVE | | | 3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 3295 | | | 4 CITY-S | T- ZIP | ļ | | | |
| TITLE | DST | ☐ DELE | - t | 2 1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | POOSER, FRANCIS S | | | 2 2 NAME | | | | | i |
| STREET ADDRESS | | 4 | n | | ADDRESS | | | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 3295 | DELE | | 2 4 CITY - S 3 1 TITLE | ir-ZIP | - | | Change | [] Addition |
| TITLE | | | - 1 | 3 2 NAME | | | | , | _ |
| NAME STREET ADDRESS | | | N | 3 \$ TREET | ADORESS. | | | | |
| | | | H. | 34 CITY-S | | | | | |
| CITY-ST-ZIP | | ☐ DELE | | 4 1 TITLE | | | | ☐ Change | Addition |
| NAME | | | | 4 2 NAME | | | | | |
| STREET ADDRESS | | | , | 4 3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 1. | 4.4 CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DELE | TE : | 5 1 TITLE | | | | ☐ Change | Addition |
| NAME | | | | 5 2 NAME | | | | | |
| STREET ADDRESS | | | 1 | 53 STREET | TADDRESS | | | | |
| CITY-ST-ZIP | | | | 5 4 CITY - S | T-ZIP | <u> </u> | | | |
| TITLE | | ☐ DELE | TE T | 5 1 TITLE | | | | ☐ Change | ☐ Addition |

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.

6 3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

FILED

Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90152 031 ***150.00