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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 374803

(5)

RYBER, INC.

Principal Place of Business Mailing Address 3202 S.E. DIXIE 3202 S.E. DIXIE STUART FL 34997-5239 STUART FL 33475 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1970 02/20/1996 4. FEI Number 2. Principa! Place of Business 2a. Mailing Address Applied For 59-1317573 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 7.0 Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name TURNER, HUGH A 3202 S.E. DIXIE HWY 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 83 84 City 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 ouired when reinstat-no OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. Addition TITLE □ DELETE 1.1 TITLE Change TURNER, HUGH A 1.2 NAME NAM: 3202 S.E. DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS STUART FL 34997 1.4 CITY-ST-ZIP CITY ST ZIP DELETE Change Addition THILE 2.1 T0 L€ SELBY, PHILLIP F NAM: **2.2 NAME** 10355 S.E. FED HWY 2.3 STREET ADDRESS STREET ADDRESS HOE SOUND FL 33475 C11Y - \$1 - 702 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3,3 STREET ADDRESS CHTY - ST - ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 4.4 City-St-ZIP DELETE 5.1 TITLE Addition TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE

14. To 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 of 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

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME

NAME STREET ADDRESS

DITY - ST - ZIP

FILED

Feb 05 1997 8:00am

Secretary of State

Daytime Phone