

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 429593 (7)

1. Corporation Name

RYALS LEE SALES COMPANY, INC.

Principal Place of Business

3170 W. THARPE ST.  
TALLAHASSEE FL 32303-1132

Mailing Address

3170 W. THARPE ST.  
TALLAHASSEE FL 32303-1132



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
06/29/1973

3a. Date of Last Report  
10/02/1995

4. FEI Number  
59-1488984

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

LEE, RYALS E.  
3170 W. THARPE ST.  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME STD  
STREET ADDRESS LEE, ANNE A  
CITY-ST-ZIP 420 PLANTATION ROAD  
TALLAHASSEE FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LEE, RYALS E JR  
CITY-ST-ZIP 420 PLANTATION ROAD  
TALLAHASSEE FL

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS LEE, RYALS E  
CITY-ST-ZIP 420 PLANTATION ROAD  
TALLAHASSEE FL

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS SCHEER, DEAN P.  
CITY-ST-ZIP 4111 ZERMATT  
TALLAHASSEE FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LEE, CHARLES A.  
CITY-ST-ZIP 3170 W. THARPE ST.  
TALLAHASSEE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RYALS E. LEE

5-20-96

904-576-7117

CR2E034 (12/95)