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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified

06/29/1973

3a. Date of Last Report

05/22/1996

4. FEI Number

59-1488984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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

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 607.1508, 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 Ryals E. Lee, President

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

(NOTE: Registered Agent signature required when reinstating)

2-17-97

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)