

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 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 # F33136 (5)

1. Corporation Name  
RYLE-TUCKER, INC.

Principal Place of Business

5521 BLANDING BLVD  
P O BOX 7834  
JACKSONVILLE FL 32238

Mailing Address

5521 BLANDING BLVD  
P O BOX 7834  
JACKSONVILLE FL 32238-0834



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/01/1981

3a. Date of Last Report

03/06/1996

4. FEI Number

59-2111424

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

RYLE, ROBERT C  
35607 CALLA CT  
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name

ROBERT C. RYLE

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

1509 MAPLE LEAF LANE  
ORANGE PARK

83

84 City

FL

85 Zip Code

32073

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 *Robert C. Ryle* ROBERT C. RYLE, PRESIDENT

1-9-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME E, ROBERT C  
STREET ADDRESS 1509 MAPLE SLEAF LANE  
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ DELETE

NAME RYLE, ANITA G  
STREET ADDRESS 1509 MAPLES LEAF LANE  
CITY-ST-ZIP ORANGE PARK FL

TITLE VP ☐ DELETE

NAME TODD, BOBBIE A  
STREET ADDRESS 6218 WEST SHORES RD  
CITY-ST-ZIP ORANGE PARK FL

TITLE ST ☐ DELETE

NAME HENDRICKS, FRANCIS  
STREET ADDRESS 5333 GOLF COURSE LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert C. Ryle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-97

Daytime Phone #

904 771-7300

CR2E034 (9/96)