

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90023 030 ***150.00

DOCUMENT # F98000004436

1. Corporation Name

RYAN PHOTOGRAPHY INC.

Principal Place of Business

2195 GREENBACK CIRCLE #104
NAPLES FL 34112

Mailing Address

2195 GREENBACK CIRCLE #104
NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1998

4. FEI Number

34-1817935

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2195 GREENBACK CIRCLE

2a. Mailing Address

26 2195 GREENBACK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #104

27

City & State

City & State

23 NAPLES FLORIDA

28

Zip

Country

24 34112

25 US

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GABEL, RYAN J
2195 GREENBACK CIRCLE #104
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

Ryan J. Gabel

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

2195 Greenback Cir #104

83

84 City

Naples

FL

85 Zip Code

34112

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PCTD ☐ DELETE
NAME GABEL, RYAN J
STREET ADDRESS 2195 GREENBACK CIRCLE #104
CITY-ST-ZIP NAPLES FL

TITLE SD ☐ DELETE
NAME GABEL, CONNIE J
STREET ADDRESS 2195 GREENBACK CIRCLE #104
CITY-ST-ZIP NAPLES FL

TITLE TREASURER ☐ DELETE
NAME RYAN J. GABEL
STREET ADDRESS 2195 GREENBACK CIRCLE #104
CITY-ST-ZIP NAPLES, FLA 34112

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE: *Ryan J. Gabel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 741-732-8964
Date Daytime Phone #

0459958

CR2E034 (1/98)