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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

	RY INTERIORS, INC.	o (0)				
Principal Place	e of Business	Mailing Address				
200 SUNSET LANE VALPARAISO FL 32580 US		206 SUNSET LAND VALPARAISO FL 32580 US				
00		00		3. Date Incorporated or Qualified	3a. Date of Last Report	
· · · · · · · · · · · · · · · · · · ·				03/06/1984 4. FEI Number	05/21/1996	
2. Principal Place of Business		2e. Mailing Address	26. Mailing Address		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CQ 75 Additional	
22		27		Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution L Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		r inlangible tax under s. 199.032, ☐ Yes ☐ No	
<u> </u>	9. Name and Address of Curr		15-1	10. Name and Address of New R		
PECK, LINDA S						
206 SUNSET LANE			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
VALPARAISO FL 32580			83	92		
· 			[03]			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	es, the above-named	corporation submits this statement for the	nurgana of changing its registered	
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such chango was a gations of, Section 607.0505, Flo	authorized by the cor orida Statutes.	poration's board of directors. I hereby accompany	ept the appointment as registered	
SIGNATURE		4107	I : Registered Agent signature		DATE	
12.	Signature, typod or printed name of registered a OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD	DELETE	1.1 TITLE	PD	Change Addition	
NAME	PECK, THORNTON C.		1.2 NAME	LINDA S. PECK BROOME 206 SUNSET LN		
STREET ADDRESS	· • • • • • • • • • • • • • • • • • • •		1.3 STREET ADDRESS	VALPARA ISO FL	32580	
CITY-ST-ZIP	FT WALTON BEACH FL	X DELETE	1.4 CITY-ST-ZIP		Change Addition	
TITLE NAME	VD PECK, EVELYN L.	Aprile	2.1 TITLE 2.2 NAME	RANDOLPH S. BROW		
STREET ADDRESS	676 NAUTILUS CT. 4NO		2.3 \$1REET ADDRESS	206 SUNSET LN		
CITY-ST-ZIP	FT WALTON BEACH FL		2. 4 CITY - S1 - ZIP	VALPARAISO FL	32580	
TITLE	STD	DELETE	31 TITLE	STD	Change X Addition	
NAME	PECK, LINDA S. 3.2 NAME		CTEVEN T. BROOM	E		
STREET ADDRESS	••••		3.3 \$1REE1 ADDRESS	706 SUNGET LI		
CITY-ST-ZIP	SHALIMAR FL	——————————————————————————————————————	3.4. CITY - ST - ZIP	VALPARAISO F	7 32580	
TITLE		DELETÉ	4.1 TITLE	·	☐ Change ☐ Addition	
NAME CYPERT ADDRESS			4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP	,		4.3 STREET ADDRESS 4.4 CITY+ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	14.		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	1		6.2 NAMÉ			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	ay earlify that the information suppl	ind with this filing does not quali	6.4 CITY-ST-ZIP	historia Costion 119 07(3)(i) Florida Platul	on I further continue 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 13 if changed, or on an attachment with an address.

904-678-4004

FILED

Apr 15 1997 8:00am

Secretary of State