

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 # **G94641**

(9)

1. Corporation Name

RYAN AIR CONDITIONING, INC.



Principal Place of Business

**6230 STONE ROAD, UNIT O
PORT RICHEY FL 34668**

Mailing Address

**6230 STONE ROAD, UNIT O
PORT RICHEY FL 34668**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PEYTON, ROBERT
6230 STONE ROAD, UNIT O
PORT RICHEY 34668**

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 607.01(2) and 607.15(8), 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
PEYTON, ROBERT
5335 DRIFTIDE DRIVE
NEW PORT RICHEY FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**ST
PEYTON, SUSAN
5335 DRIFTIDE DRIVE
NEW PORT RICHEY FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary, 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 registered or trusted employee of the entity this report is 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:

Susan L. Peyton

Susan L. Peyton

3-18-96

813(845-8728)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)