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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Mayhew
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K33362 (0)**

1. Corporation Name
RYAN POOLS, INC.

Principal Place of Business Mailing Address

2082 TRADE CENTER WAY SUITE 101 NAPLES FL 33942

2082 TRADE CENTER WAY SUITE 101 NAPLES FL 33942

2. Principal Place of Business 2a. Mailing Address

21 **2091 J+C Blvd.** 26 **2091 J+C Blvd**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Naples, FL** 28 **Naples, FL**

24 **33942** 25 **Collier** 29 **33942** 30 **Collier**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/16/1988** 3a. Date of Last Report **08/08/1994**

4. FEI Number **65-0095719** 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

RYAN, JERALD LEE
2082 TRADE CENTER WAY
SUITE 101
NAPLES FL 33942

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RYAN, JERALD LEE
STREET ADDRESS	2082 TRADE CENTER WAY
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James J. Ryan
1.3 STREET ADDRESS	2091 J+C Blvd
1.4 CITY - ST - ZIP	Naples, FL 33942
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ryan, Jerald Lee
2.3 STREET ADDRESS	2091 J+C Blvd
2.4 CITY - ST - ZIP	Naples, FL 33942
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily 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 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 amendment with an address.

SIGNATURE: *J. Ryan* **Jerald L. Ryan** **4-27-95** **80/597-3636**

DATE: _____