FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K50396** **(6)**

1. Corporation Name
RYON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
601 SOUTH FREMONT AVENUE TAMPA FL 33606	601 SOUTH FREMONT AVENUE TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2203 N. Lois Avenue	26 2515 E. Hanna Avenue
Suite, Apt. #, etc. 22 Suite #704	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33607 Country 25 US	Zip 29 33610 Country 30 US

4. FEI Number: 59-2921137 ☐ 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	10. Name and Address of New Registered Agent
WILLIAMSON, LEON A., JR. 601 S. FREMONT AVENUE TAMPA FL 33606	81 Name: Williamson, Leon A., Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 2515 E. Hanna Avenue 83 84 City: Tampa FL 85 Zip Code: 33610

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	RYON, FRANCIS W., JR.	1.2 NAME	Ryon, Francis W., Jr.	
STREET ADDRESS	488 SEVERN AVENUE	1.3 STREET ADDRESS	488 Bosphorus Ave.	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	VT	2.1 TITLE	PST	☒ Change ☐ Addition
NAME	HAYES, ROBERT L., II	2.2 NAME	Hayes, Robert L., II	
STREET ADDRESS	3417 VALLEY RANCH DRIVE	2.3 STREET ADDRESS	3417 Valley Ranch Drive	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	Lutz, FL 33549	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WILLIAMSON, LEON A., JR.	3.2 NAME	Williamson, Leon A., Jr.	
STREET ADDRESS	27 FORMOSA AVENUE	3.3 STREET ADDRESS	27 Formosa Ave.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 attachment with an address.

SIGNATURE: _____ 4/13/95 (813)238-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Leon A. Williamson, Jr., Director

0291M1 CP