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 Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90187 038 ***150.00

DOCL	JMENT #	L58401

1. Corporation Name

NEIL RYDER REALTY, INC.

Principal Place	e of Business	Mailing Address				(maile) as an an and analy an an analy as a second and a second a second and a second a second and a second
1584 CHINA GROVE TR TALL FL 323)1 US		1584 CHINA GROVE TR TALL FL 32301 US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/20/1990	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nu nber Applied For
21		26				59-3034000 Not Applicable
Suite, Ar≀t.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Ac ditional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	re	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust F and Contribution Added to Fees
Zip	Coun ry	Zip	-	ountry		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25	29	30			T GISSIT IT TOPONY
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registere 1 Agent
חעם	er, neil r.			01	INAIIIE	
	4 CHINA GROVE TR			82	Street Ad	d tress (P.O. Box Number is Not Acceptable)
l	L FL 32301			-00		
IALL	E PL 32301			83		
				84	City	85 Zip Code
					<u> </u>	poration submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, I	Ficinda St	atutes	•	ation's board of directors. I hereby accept the appointment as registered
12.		NE DIRECTORS				ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	DELETE	1.1	TITLE		☐ Change ☐ Additio
NAME	RYDER, NEIL P.		1.2	NAME		
STREET ADDRESS	AFAL OLINIA ODOLETTO		1.3	STREET	T ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		14	CITY-S	T-ZIP	
TITLE	17120111100221202	☐ DELETE		TITLE		Change Addition
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREET	ADDRESS	
CITY-ST-ZIP				4 CITY-S		
TITLE		☐ DELETE		TITLE		☐ Change ☐ Additio
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET	T ADDRESS	
CITY-ST-ZIP				. CITY-S		
TITLE		☐ DELETE		TITLE		☐ Change ☐ Addition
NAME			4.	2 NAME		
STREET ADDRESS			4.3	STREET	T ADDRESS	
CITY-ST-ZIP			1	CITY-S		
TITLE		☐ DELETE		TITLE		☐ Change ☐ Addition
NAME			5.2	NAME		
STREET ADDRESS			53	STREET	TADORESS	
CITY-ST-ZIP			54	CITY-S	T-ZIP	
TITLE		DELETE	6 1	TITLE		☐ Change ☐ Addition
NAME			6.2	NAME	1	
STREET ADDRESS			6.3	STREET	T ADDRESS	

CITY-ST-ZIP 14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to accurate 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 a lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: