2001 UNIFORM BUSINESS REPO[illegible] (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-09-2001 90021 034 ***150.00

DOCUMENT # P00000035102

1. Entity Name
RYAN , PALMER & GAW, INC.

Principal Place of Business	Mailing Address
1123 W. NEW HAMPSHIRE ST. ORLANDO FL 32804	1123 W. NEW HAMPSHIRE ST. ORLANDO FL 32804

439 POWELL AVE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	439 POWELL AVE Suite, Apt. #, etc.
City & State: LITTLE TORCH KEY, FL	City & State: LITTLE TORCH KEY, FL
Zip: 33042 Country: U.S.	Zip: 33042 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-100 4594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RYAN PALMER, ELIZABETH 1123 W. NEW HAMPSHIRE ST. ORLANDO FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PHILLIP N. RYAN 439 POWELL AVE LITTLE TORCH KEY, FL 33042 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. JUDITH A. RYAN 1123 W. NEW HAMPSHIRE ST. ORLANDO, FL 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THOMAS B. PALMER / V.P. 4430 TIMBERLANE RD. LAKE WALES, FL. 33853 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELIZABETH A. PALMER V.P. 4430 TIMBERLANE RD. LAKE WALES, FL. 33853 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL T. GAW V.P. 211 LAKE SHORE DR. ST. CLOUD, FL 34769 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JENNIFER J. GAW V.P. 211 LAKE SHORE DR. ST. CLOUD, FL 34769 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. I hereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip N. Ryan 4/1/01 (305) 289-2587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #