## 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

## DOCUMENT # P93000030696

1. Corporation Name

J. RYAN AND ASSOCIATES, INC.

1	
Principal Place of Business	Mailing Adda
1119 HUNTINGTON LANE	1119 HUNTIN
SAFETY HARBOR FL 34695	SAFETY HAR

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90163 039 \*\*\*150.00



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Principal Place	e of Business	Mailing Address			<del></del> -			BENIA CALI	1 <b>6</b> 411 1 <b>01</b> 1	
1119 HUNTING		1119 HUNTINGTON LANE								
SAFETY HARBO	SAFETY HARBOR FL 346									
U\$	US				DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed					
						04/27/1993		A (:-		
<u>⊢</u> ⊸ '	ncipal Place of Business 2a. Mailing Address 26					4. FEI Number	_ <u>├</u>	Applie		
21						59-3183850		\$8.75 Additional		
<u> </u>	Suite, Apt. #, etc. Suite, Apt. #, etc.			5.º Certifcate of Status Desired ~ - [			Fee Required			
22	27			<del></del>		• Floring Committee Committee		<del></del> -	———	
	City & State City & State					6. Election Campaign Financing Trust Fund Contribution	•	\$5.00 May Be Added to Fees		
Zip	Country Zip									
_	·	29	30	Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No						
	24 25 29 30  9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	o. Hallo and Addices of College			B1 Nan	ne					
DEN	NIS, NANCY		-			(2.2.2				
1119	HUNTINGTON LANE		];	B2 Stre	et Addres	Address (P.O. Box Number is Not Acceptable)				
SAF	ETY HARBOR FL 34695		-  -	83						
			L							
			-	B4 City		FL	85	Zip Cod	e	
44 Pursuant	to the provisions of Sections 607 0500	and 607 1508 Florida State	ites the abi	ove-name	ad corpor	ation submits this statement for the numose of	changing	its reg	istered	
office or re	egistered agent, or both, in the State o	of Florida. Such change was	authorized	by the co	rporation	's board of directors. I hereby accept the appo	ntment a	s regist	ared	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fi	orida Statui	es.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO)	F: Registered A	gent signatu	re required y	when reinstating) DATE			— \	
12.	OFFICERS ANI	· · · · · · · · · · · · · · · · · · ·	13.	3-11-31-11-1		ADDITIONS/CHANGES TO OFFICERS AT	ID DIRE	CTORS	IN 12	
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NAME			6.2 NAM	<b>ME</b>						
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				Y-ST-ZIP	1					
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14. 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 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, with all other like empowered.

SIGNATURE: