

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90138 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000011784

1. Corporation Name

THE LIFT KING OF FLORIDA, INC.

Principal Place of Business

126 EDWARDS AVE.  
BRANDON FL 33510  
US

Mailing Address

2709 BRANDON VIEW DRIVE  
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1994

4. FEI Number

59-3227067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 126 Edwards Ave

27 Suite, Apt. #, etc.

28 City & State

28 Brandon, FL

29 Zip

29 33510

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

DENMON, RICHARD A.  
ONE HARBOUR PLACE  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Denmon, Richard A.

82 Street Address (P.O. Box Number is Not Acceptable)

777 S Harbor Island Blvd

83

84 City

Tampa

FL

85 Zip Code

33602

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PTD  
RYALS, MANSON  
2709 BRANDON VIEW DRIVE  
BRANDON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VSD  
RYALS, JULIE  
2709 BRANDON VIEW DRIVE  
BRANDON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-STATE-ZIP

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-STATE-ZIP

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-STATE-ZIP

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-STATE-ZIP

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-STATE-ZIP

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-STATE-ZIP

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-STATE-ZIP

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-STATE-ZIP

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-STATE-ZIP

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-STATE-ZIP

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-STATE-ZIP

25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY-STATE-ZIP

26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY-STATE-ZIP

27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY-STATE-ZIP

28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 CITY-STATE-ZIP

29.1 TITLE 29.2 NAME 29.3 STREET ADDRESS 29.4 CITY-STATE-ZIP

30.1 TITLE 30.2 NAME 30.3 STREET ADDRESS 30.4 CITY-STATE-ZIP

31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-STATE-ZIP

32.1 TITLE 32.2 NAME 32.3 STREET ADDRESS 32.4 CITY-STATE-ZIP

33.1 TITLE 33.2 NAME 33.3 STREET ADDRESS 33.4 CITY-STATE-ZIP

34.1 TITLE 34.2 NAME 34.3 STREET ADDRESS 34.4 CITY-STATE-ZIP

35.1 TITLE 35.2 NAME 35.3 STREET ADDRESS 35.4 CITY-STATE-ZIP

36.1 TITLE 36.2 NAME 36.3 STREET ADDRESS 36.4 CITY-STATE-ZIP

SIGNATURE:

Julie Ryals

Julie Ryals

4-22-99

813-684-8529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)