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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000025536 (1)

RY-JA, INC.

Principal Place of Business Mailing Address STO SOMERGET DR. 5341 N. Selam AUBUBADALE FL 80823 COOP RD 518 SOMERSET DR **AUBURNDALE FL 33823-9527** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1994 04/24/1996 2a. Mailing Address 4. FEI Number Applied For 59-3235433 Not Applicable Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required ity 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country ZiD 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DAVIS. HARVEY F 404 HAVENDALE BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **AUBURNDALE FL 33823** 83 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tile if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OF FICERS AND DIRECTORS 13. 12. Addition DP □ DELETE 1.1 TITLE THEF DAVIS, DEBORAH J NAME 12 NAME **518 SOMERSET** 1.3 STREET ADDRESS STREET APORESS AUBURNDALE FL 1.4 CITY-ST-ZIP CITY ST-ZIE DELETE TVP2.1 TITLE TITLE SLONE, WILLIAM D 2.2 NAME NAME 820 ARIETTA CIRCLE 2.3 STREET ADDRESS STREET ADORESS AUBURNDALE FL , 2. 4 CITY - ST - ZIP CHY-ST-ZIF Addition (SEL-TREAS) DELETE 3.1 TITLE fille DAVIS, HARVEY F 3.2 NAME NAME **518 SOMERSET** 3.3 STREET ADDRESS STREET ADORESS **AUBURNDALE FL 33823** 3.4. CITY - ST - ZIP CITY: ST-7# DELETE 4.1 TITLE THILE MARK A DAVIS 4. 2 NAME NAME 302 POLK OFFY RD 4.3 STREET ADDRESS STREET ADDRESS AUBURNDALE FL 4 4 City - St - ZiP 011Y-S1-Z-P DELETE 51 TITLE HILE VERONICA D DAVIS 52 NAME NAME 302 POLK OFF RD 5.3 STREET ADDRESS STREET ADDRESS AUBURNDALE FL 5 4 CITY-ST-ZIP CITY - ST-ZiF ___ Addition DELETE 61 TITLE HILE

62 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13

NAME

STHEET ADDRESS

OF Y - ST- ZP

langed, or on an attaj

14. I do 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 comporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 01 1997 8:00am

Secretary of State