

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

FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000025536 (1)**

1. Corporation Name
RY-JA, INC.

Principal Place of Business
**5341 N. SOCRUM LOOP RD.
LAKELAND FL 33809
US**

Mailing Address
**518 SOMERSET DR
AUBURNDALE FL 33823**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1994	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 59-3235433	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVIS, HARVEY F 404 HAVENDALE BLVD AUBURNDALE FL 33823		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DEBORAH J	1.2 NAME	
STREET ADDRESS	518 SOMERSET	1.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	1.4 CITY - ST - ZIP	33823
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLONE, WILLIAM D	2.2 NAME	
STREET ADDRESS	820 ARIETTA CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	2.4 CITY - ST - ZIP	33823
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HARVEY F	3.2 NAME	
STREET ADDRESS	518 SOMERSET	3.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	3.4 CITY - ST - ZIP	33823
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK A DAVIS	4.2 NAME	
STREET ADDRESS	22 HILLCREST DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BABSON PARK FL	4.4 CITY - ST - ZIP	33827
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERONICA D DAVIS	5.2 NAME	
STREET ADDRESS	22 HILLCREST DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BABSON PARK FL	5.4 CITY - ST - ZIP	33827
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Deborah J. Davis* (DEBORAH J. DAVIS), 2/1/98, 941-965-7330

CP2E034 (10/97)