

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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55 MAY - 1 AM 3:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P94000047037 (4)

1. Corporation Name

RYAN LAWN SPRINKLERS, INC.

Principal Place of Business

Mailing Address

**2811 S.E. 18TH AVE.
CAPE CORAL FL 33904**

**2811 S.E. 18TH AVE.
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report
4. FEI Number 65-0505241	Applying For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under S. 190.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RYAN, DENNIS 2811 S.E. 18TH AVE. CAPE CORAL FL 33904	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 607.05(2) and 607.15(6), 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, Sections 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if registered agent is other than owner)

Signature of New Registered Agent (if registered agent is other than owner)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	RYAN, DENNIS	2. NAME	
STREET ADDRESS	2811 SE 18 AVE.	3. STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL 33904	4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in law here. I hereby certify that the information indicated on this annual report or supplemental annual report, true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as required, or an agent of record with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4/26/95