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

CORPORATION ANNUAL REPORT

1006



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

	1990	
DOCL	JMENT	#

1. Corporation Name

P94000067059 (3)

CYA LTD., INC.

Principal Place of Business	Mailing Address	_
2878 ADAMS ROAD ST. AUGUSTINE FL 32092	2878 ADAMS ROAD ST. AUGUSTINE FL 32092	



						3. Date Incorporated or Qualified	3a. Date of Las	,		
						09/13/1994	04/25	5/1995		
<del></del>	Place of Business 2a. Mailing Address				4. FEI Number	Applied For				
21		26				59-3274016	[	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	, , ,	.75 Additional ee Required		
City & State	Ð	City & State				6. Election Campaign Financing		.00 May Be		
Zip	Country	28				Trast Faria Continuation	AC	dded to Fees		
24	25	Zip 29	30 Cou	ıntry		8. This corporation has liability for int		rs 199.032,		
24	9. Name and Address of Current		30	,		Florida Statutes Yes  10. Name and Address of New Reg	No No			
		Tograterae Agent		81	Name	IV. Name and Address of New Reg	Jisterea Agent	·		
CTEE	V IOUN E ID					Team.				
	LY, JOHN E JR. Adams road			82	Street Addres	ss (P.O. Box Number is Not Acceptable)	l .			
1	UGUSTINE FL. 32092			83						
31. 70	00031ME FL 32092									
				84	City		F1 85	Zip Code		
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	tes the abo	N/A . D	amed corporat	ion submits this statement for the purpo	no of chancing i	its registered affect		
	ed agent, or both, in the State of Florida th, and accept the obligations of, Section			corpo	oration's board	of directors. I hereby accept the appoin	itment as registe	red agent. I am		
1	in, and accept the obligations of, Section	n 607.0505, Florida Statutes	S.							
SIGNATURE _	Signature, typed or printed name of registered agent a	nd trie if applicable. (NO	OTE Registered	Agent	t signature required w	uhen reinstation)	DATE	·· <del></del>		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		CTORS IN 12		
TITLF	P	☐ DELETE	1. 1 Ti	TLE			☐ Chan			
NAME	STEELY, JOHN E		1.2 NA	3MA						
STREET ADDRESS	2878 ADAMS RD.		1.3 ST	REET.	ADDRESS					
CHY-ST-ZIP	ST. AUGUSTINE FL		1.4 CI	TY-S1	F- ZIP					
TrTLE	ST	☐ DELETE	2. 1 TI				Chang	ge: Addition		
NAME	STEELY, JESSIE S		22 NA	AME			_	_		
STREET ADDRESS	2878 ADAMS RD.		2351	REET	ADDRESS			İ		
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 00	TY-SI	r-ZiP			[		
TITLE		DELETE	3 1 Ti	TLE			☐ Chang	ge: 🔲 Addition		
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	TREET	ADDRESS					
CITY-S!-ZIP			3.4 CIT	Ty - \$1	i - ZIP					
TITLE		☐ DELETE	4. 1 Tú	TLE			☐ Chang	ge: 🔲 Addition		
NAME			4.2 NA	ME						
STREET ADDRESS			4.3 \$1	REET	ADDRESS			ļ		
CITY-ST-ZIP		F3 proces	4.4 C/I		- ZIP					
THILE		☐ DELETE	5. 1 Tr				☐ Chanç	ge 🔲 Addition		
NAME CIRCET ADDRESS			5.2 NA							
STREFT ADDRESS			4		address					
CHTY+ST-ZIP TITLE		DELETE	5.4 CH		-2IP		F7.0			
		Doctes	6. 1 111		i		☐ Chang	g€ ☐ Addition		
NAME STREET ADDRESS			6.2 NA							
STREET ADDRESS			4		ADDRESS					
14. I do hereby	v certify that the information supplied wi	th this filing is valuntarily furn	6.4 CIT	does	not qualify for t	the exemption stated in Section 119.07(	(O)(Id) Florida D:	the little		
cenny that	the information indicated on this annua	l report or supplemental ann	illal recort is	e tri ic	and accurate:	and that my cionature chall have the co-	ma lagal offact a	e if mode under		
oatri, triat i	i am an officer or director of the corpora Block 12 or Block 13 if changed, or on	ition or the receiver or trustei	e empower	ed to	execute this re	eport as required by Chapter 607, Florio	da Statutes; and	that my name		
	1 . =	CAC-A-			. سه ۱ سی		90	7 _		
SIGNAT		Dela	_\J#O	811	E 0. 8	TEELY 4/22/96	825-,	2165		
	SIGNATURE AND TYPED OR F	RINTED NAME OF SIGNING OFFICE	ER OR DIRECT	OR T	63 /-	Date	Daytime Pric	vie #		