

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 MAR 27 AM 11:21

DOCUMENT # P94000067807 (5)

1. Corporation Name

RYE, INC.

Principal Place of Business

5550 HERON POINT DR.
UNIT 2003
NAPLES FL 33963

Mailing Address

5550 HERON POINT DR.
UNIT 2003
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1994

3a. Date of Last Report

NEW

4. FEI Number

59-3282437

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. City, State, & Zip

26. PO Box 10701

22. City & State

27. City & State
Naples FL

23. Zip

Country

28. Zip

29. 33941-0701

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAZARUS, MONTE
247 N. COLLIER BLVD.
SUITE 202
MARCO ISLAND FL 33969

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

Date

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
LICATA, SUSAN B
5550 HERON POINT DR.
NAPLES FL 33963

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

8. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

8. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name appears in Block 12 or Block 13 of this report, or on an attachment with an addition.

SIGNATURE:

Susan B Licata SUSAN B. LICATA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-95 813-594-9266