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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000067214 (3)**

1. Corporation Name

RYAN FORD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8066 MONTICELLO LANE SARASOTA FL 34243	8066 MONTICELLO LANE SARASOTA FL 34243

3. Date Incorporated or Qualified: 08/30/1995

3a. Date of Last Report: 1st Report

4. FEI Number: 65-0605324 ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21 RE/MAX	26 RE/MAX
Suite, Apt. #, etc 22 7632 Lockwood Rdg. Rd.	Suite, Apt. #, etc. 27 7632 Lockwood Rdg. Rd.
City & State 23 Sarasota, Fl.	City & State 28 Sarasota, Fl.
Zip / Country 24 34243 / 25 Manatee	Zip / Country 29 34243 / 30 Manatee

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Eliot P. Ford
82 Street Address (P.O. Box Number is Not Acceptable): 8066 Monticello Ln.
83
84 City: Sarasota **FL** 85 Zip Code: 34243

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: Eliot P. Ford - President, Eliot P. Ford — DATE: Apr. 25, 1996

Signature, typed or printed name of registered agent and title if applicable — Registered Agent Signature required if changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FORD, ELIOT P		1.2 NAME		
STREET ADDRESS	8066 MONTICELLO LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Eliot P. Ford - Eliot P. Ford — 4/25/96 — (941)358-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #