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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014431

SIMPSON AND RYBA CONSTRUCTION, INC.

Principal Place	of Business	Mailing Address			}				
1144 GRANDVIE	W CIR.	1144 GRANDVIEW CIR.			\ .				
WEST PALM BEACH FL 33411		WEST PALM BEACH FL 33411			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified				
					02/12/1996			{	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		I A	pplied For	
21 26 26					65-0656711		<u> </u>	ot Applicable	
Suite, Apt. i	# etc.	Suite, Apt. #, etc.		 		\$8.75	Additional		
22	3	27			5. Certifcate of Sta	Fee R	equired		
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fund Contribution Added to Fees					
Zip	Country	Zip C	Zip Country			8. This corporation owes the current year Intangible			
24	25 29 30			Personal Property Tax.					
	9. Name and Address of Current	Registered Agent			10. Name and Add	dress of New Registered	d Agent		
			81	Name				ļ	
SIMPSON, AUSTIN CLARK				82 Street Address (P.O. Box Number is Not Acceptable)					
1144 GRANDVIEW CIR.			L	<u> </u>	_ `_`				
WEST PALM BEACH FL 33411			83	. ,					
			84	City			. 85 Zip	Code	
	•			}		F	L		
office or re agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	? and 607.1506, Florida Statutes, the of Florida. Such change was authori- ions of, Section 607.0505, Florida S	zed by tatutes	the corporat	ion's board of directors	I hereby accept the app	ointment as re	egistered	
SIGNATURE		And the Management (NOTC: Poplet)	red Age	ot eignature regulir	red when reinstating)	DATE	·	[
12.	Signature, typed or printed name of registered agen OFFICERS AN		3.	it signature requi		ANGES TO OFFICERS A	AND DIRECT	ORS IN 12	
TITLE	D		1 TITLE				☐ Change	☐ Addition	
NAME	SIMPSON, AUSTIN CLARK	1	2 NAME	ļ		•		Ì	
STREET ADDRESS	AAAA ODANIDIADA OID			T ADDRESS				ነ	
CITY-ST-ZIP	WEST PALM BEACH FL 33411		4 CITY-S	- 1	•				
TITLE	D		1 TITLE				☐ Change	☐ Addition	
NAME	RYBA, JAMES ROBERT	2.	2 NAME	1	₹	•		,	
STREET ADDRESS	THE ACCURATION OF THE PART AND THE			TADDRESS	,	. ,		}	
			4 CITY-S	ST-ZIP	,				
TITLE			1 TITLE				Change	☐ Addition	
NAME		3.	2 NAME						
STREET ADDRESS		3.	3 STREE	TADORESS				İ	
CITY-ST-ZIP		3	4. CITY-5	ST-ZIP					
TITLE	,	☐ DELETE 4.	1 TITLE			•	Change	Addition	
NAME	·	4.	2 NAME		•	•		}	
STREET ADDRESS		4	3 STREE	T ADDRESS	•	•			
CITY-ST-ZIP		4	4 CITY-S	ST-ZIP					
TITLE	<u> </u>		1 TITLE				☐ Change	Addition	
NAME		5.	2 NAME	1	•			}	
STREET ADDRESS		5.	3 STREE	T ADDRESS					
CITY-ST-ZIP	·		4 CITY-S	ST-ZIP					
TITLE		D222.12	.1 TITLE			•	Change	Addition	
NAME	·.	6.	2 NAME		•	•		ſ	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90159 047 ***158.75

CR2E034 (11/98)