

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90002 034 \*\*\*150.00

0453302

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000061715**

1. Corporation Name  
**RYAN MCDONOUGH ENTERPRISES, INC.**

Principal Place of Business 263 CASALE G STREET PORT CHARLOTTE FL 33983-5513	Mailing Address 263 CASALE G STREET PORT CHARLOTTE FL 33983-5513
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**4628 Masefield PL  
SARASOTA, FL 34241**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/22/1996**

4. FEI Number

**65-0686015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

21	2. Principal Place of Business <b>4628 Masefield PL</b> Suite, Apt. #, etc.	26	2a. Mailing Address <b>4628 Masefield PL</b> Suite, Apt. #, etc.
22	City & State <b>SARASOTA FL</b>	27	City & State
23	Zip <b>34241</b>	28	Country
24	Country <b>SARASOTA</b>	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**BURNS, HUGH J**  
**263 CASALE G STREET**  
**PORT CHARLOTTE FL 33983-5513**

**4628 Masefield PL**  
**SARASOTA, FL 34241**

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]*

Signature of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/27/99**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>BURNS, HUGH</b>
STREET ADDRESS	<b>263 CASALE G</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL SARASOTA FL 34241</b>
TITLE	VPD <input type="checkbox"/> DELETE
NAME	<b>BURNS, MARGARET A</b>
STREET ADDRESS	<b>263 CASALE G ST</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL SARASOTA FL 34241</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/99**

**941-371-1224**

Daytime Phone #

CR2E034 (11/98)