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FILED  
Jun 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000022410 (9)**

1. Corporation Name  
**RYBO 55, INC.**

Principal Place of Business  
**9551 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE FL 32256**

Mailing Address  
**9551 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/10/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3431450</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STOKES, E. CHESTER JR. 9551 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<b>DP</b>
NAME	<b>STOKES, E. CHESTER JR.</b>	12 NAME	<b>STOKES, E. CHESTER JR</b>
STREET ADDRESS	<b>9551 BAYMEADOWS ROAD, SUITE 4</b>	13 STREET ADDRESS	<b>9551 BAYMEADOWS ROAD, SUITE 4</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	14 CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE		21 TITLE	<b>V</b>
NAME		22 NAME	<b>BERGMANN, THOMAS C</b>
STREET ADDRESS		23 STREET ADDRESS	<b>9551 BAYMEADOWS ROAD, SUITE 4</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE		31 TITLE	<b>T</b>
NAME		32 NAME	<b>FREDENHAGEN, SHARON W.</b>
STREET ADDRESS		33 STREET ADDRESS	<b>9551 BAYMEADOWS ROAD, SUITE 4</b>
CITY-ST-ZIP		34 CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE		41 TITLE	<b>S</b>
NAME		42 NAME	<b>HICE, SHERRY</b>
STREET ADDRESS		43 STREET ADDRESS	<b>9551 BAYMEADOWS ROAD, SUITE 4</b>
CITY-ST-ZIP		44 CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE:

*Sherry Hice*

Sherry Hice

4/15/98

904/739-2249

CR2E034 (10/97)