

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000581

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000032626 (8)**

1. Corporation Name  
**RYCLIFFE HOMES FLORIDA, INC.**

FILED

98 OCT 28 PM 4:25

SECRETARY OF STATE



Principal Place of Business  
17757 US HWY. 19 N., STE. 500  
CLEARWATER FL 34624 33764

Mailing Address  
17757 US HWY. 19 N., STE. 500  
CLEARWATER FL 34624 33764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/10/1997**

4. FEI Number

Applied For

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 c/o Mason & Assoc. P.A. 26 c/o Mason & Assoc. P.A.

Suite, Apt. #, etc.  
22 17757 U.S. Hwy 19 N  
Suite 500  
City & State

Suite, Apt. #, etc.  
27 17757 U.S. Hwy 19 N  
Suite 500  
City & State

23 Clearwater, FL

28 Clearwater, FL

24 Zip 33764 25 Country U.S.

29 Zip 33764 30 Country U.S.

9. Name and Address of Current Registered Agent

MASON, JOSEPH C JR.  
17757 US HWY. 19 N., STE. 500  
CLEARWATER FL 34624 33764

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **RYGUS, PETER A**  
CITY-ST-ZIP **38 ELM CRES., STITTSTVILLE, ONTARIO**  
**CANADA K2S 1S8**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ROSSITER, JOHN J**  
CITY-ST-ZIP **5 COWICHAN WAY, NEPEAN, ONTARIO**  
**CANADA K2H 7E6**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

**Peter A.M. Rygus President**  
**John Rossiter, Vice Pres.**

CR2E034 (5/98)



MASON & ASSOCIATES

Professional Association  
Attorneys at Law

September 30, 1998

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Rycliffe Homes Florida, Inc.

Dear Sir or Madam:

Enclosed please find the 1998 Annual Report for the above-referenced corporation. Mr. Rygus, the president of the corporation, is located in Canada and has provided us with a facsimile signature. He is expressing the original signature to us, and we will provide it to you as soon as we receive it.

Additionally, our office, as the principal place of business and mailing address for this corporation, did not receive the original mailing of the Annual Report. Therefore, your office has confirmed that we can file the enclosed annual report with the \$150 filing fee. We have enclosed a check in that amount.

If you have any questions, or require additional information, please do not hesitate to contact the undersigned. Thank you.

Sincerely,

Mary Romary  
Legal Assistant

mr/enclosures  
mr980239.doc  
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