## 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 # P97000107745

1. Corporation Name

DONALD W. RYALS, INCORPORATED

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90287 020 \*\*\*150.00



Principal Place of Business Mailing Address							
3137 MARK RIDGE RD. 3137 MARK RIDGE RD.							
SARASOTA FL 34231		SARASOTA FL 34231			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/22/1997		
2. Principal Place of Business 2a. Mailing Address				1	4. FEI Number	T A	Applied For
2. Principal Place of Business 22. Mailing Address 25 ABOVE			Um	Viet	59-3495215	N N	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of Status Desired	-	Additional Required
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	·	Country		8. This corporation owes the current year	ntangible	. 1
24	25 29 30				Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	/
574	10.000110111		81	Name (	am6		
RYALS, DONALD W			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
3137 MARK RIDGE RD.							
SAR	ASOTA FL 34231		83				
Ì			84	City		85 Zip	p Code
44 5	to the previous of Sections 607.05	02 and 607 1508 Florida Statutes th	a above	named corn	aration submits this statement for the purpose	of changing i	its registered
Office of f	enistered anent or both in the State	of Florida. Such change was author	rzed by t	ne corporatio	on's board of directors. I hereby accept the app	iointment as i	registered
agent. I a	m familia with and accept the obliga	ations of, Section 607.0505, Florida S	Statutes.		4/22/96	<i>*</i>	
SIGNATURE	Signature, typed or printed name of registered ago	of and title if applicable (NOTE: Regis	stered Agent	signature required	d when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	FORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	e
NAME	RYALS, DONALD W	1	1.2 NAME				
STREET ADDRESS	3137 MARK RIDGE RD.	<b>I</b> .	1.3 STREET	ADDRESS			
C/TY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-	ZIP			
TITLE		☐ DELETÉ	2.1 TITLE	14		Change	e 🗌 Addition
NAME			2.2 NAME				1
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST	-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	e
NAME		:	3.2 NAME				
STREET ADDRESS		1:	3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST	-ZJP			
TITLE		☐ DELETE	4.1 TITLE			Change	e
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4 4 CITY-ST-	ZIP			
TITLE			5.1 TITLE			☐ Change	e 🗀 Addition
NAME	İ		5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-ST-	ZIP			
TITLE			6.1 TITLE	-		Change	e
NAME			6.2 NAME				
			AR STREET	ADDDESS I			1

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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP