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 # P98000068194

RYALS MACHINERY COMPANY, INC.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90055 001 ***150.00



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Principal Place of Business Mailing Address							i miini inimi (inim	IBIKL RIBI 1881	
2600 EAST CRYSTAL LAKE AVENUE 2600 EAST CRYSTAL LAKE A ORLANDO FL 32806 ORLANDO FL 32806			VENUE			DO NOT WRITE IN THIS	S SPACE		
	•					3. Date Incorporated or Qualifed			
						08/05/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	
21	26				59-3525378 <u></u>	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 ₽	1	
22		27				5. Certificate of Status Desired	Fee Re	quired	
		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23 28		28				Trust Fund Contribution Added to Fees			
Zip				ntry		8. This corporation owes the current year Intangible			
24	25	29 3	0	1 ordering the second				.□No	
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registered	Agent		
ΔME	RILAWYER		1	MICHAEL KYALS					
	ALMERIA AVENUE			82		Address (P.O. Box Number is Not Acceptable)			
	AL GABLES FL 33134		ŀ	83	<u> 2600</u>	we			
0010	TE CADECO I E GO IO V			83			_		
-			Ī	84	City	. EI	85 Zip (
44 5	1- 4- CO-15 CO7 0FG	22 and CO7 1509 Florido Statutos	tho ob		named same	ration submits this statement for the purpose o		806	
office or o	egistered agent, or both, in the State.	of Florida. Such change was auti	norized	by th	named corporation	's board of directors. I hereby accept the appo	intment as re	gistered	
agent. I a	m familiar with and accept the obliga	ations of, Section 607.0505, Florid	Statu	ites.		2/3	a /0	2	
SIGNATURE	1.00	man			3/2	7/27	<u> </u>		
	Signature, typed or printed name of registered age OFFICERS AN		13.	Agent s	signature required v	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PSTD	DELETE	1.1 TITI	LE	1	7.00.00.00.00.00.00.00.00.00.00.00.00.00	☐ Change	Addition	
NAME	RYALS, MICHAEL		1.2 NA		Ì				
STREET ADDRESS	ACCOUNT OF VOTAL LAVE AVENUE		1.3 STREET ADDRESS		DORESS				
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP					1	
TITLE	01.011.00 12 02000	☐ DELETE	2.1 TIT				Change	☐ Addition	
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REETA	DORESS			ļ	
CITY-ST-ZIP			2. 4 CII						
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NAME			5.2 NAJ	ME	-			}	
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CITY-ST-ZIP			5.4 CIT	Y-ST-Z	ZIP				
TITLE		☐ DELETE	6.1 TIT	LE			Change	☐ Addition	
NAME	•		6.2 NA	ME	ĺ				
STREET ADDRESS			6.3 STF	REETA	DDRESS				
I			-						

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

407-896-9199