

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S29705** (8)

1. Corporation Name  
**JOSEPH L. RYAN, INC.**



Principal Place of Business  
**3457 KEENE PARK DR.  
LARGO FL 34641  
603 Indian Rocks Road  
Belleair, FL. 34616-2056**

Mailing Address  
**3457 KEENE PARK DR.  
LARGO FL 34641  
603 Indian Rocks Road  
Belleair, FL. 34616-2056**

2. Principal Place of Business  
21 **603 Indian Rocks Road**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Belleair FL.**  
Zip Country  
24 **34616-2056** 25 **USA**

2a. Mailing Address  
26 **603 Indian Rocks Road**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Belleair FL**  
Zip Country  
29 **34616-2056** 30 **USA**

3. Date Incorporated or Qualified  
**02/01/1991**

3a. Date of Last Report  
**06/24/1996**

4. FEI Number  
**59-3047826**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RUGGLES, THOMAS  
603 INDIAN ROCKS ROAD  
BELLEAIR FL 34616**

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	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>RYAN, JOSEPH L.</b>	
STREET ADDRESS	<b>17247 Valley View Rd.</b>	
CITY - ST - ZIP	<b>TRUCKEE CA 96160-2756</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	<b>DPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RYAN, JOSEPH L.</b>	(Address)
1.3 STREET ADDRESS	<b>17247 Valley View Rd</b>	
1.4 CITY - ST - ZIP	<b>TRUCKEE CA 96160-2756</b>	
2.1 TITLE	<b>ASSISTANT SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Thomas W. Ruggles</b>	
2.3 STREET ADDRESS	<b>603 Indian Rocks Road</b>	
2.4 CITY - ST - ZIP	<b>Belleair FL 34616</b>	
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 do 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:

**Joseph L. Ryan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/97** **(914) 582-463**  
Date Daytime Phone #

CR2E034 (9/96)