


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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90077 048 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 150073</b> 1. Corporation Name <b>RUEBEL INVESTMENTS, INC.</b>					
Principal Place of Business <b>37526 U S HWY 19 NO PALM HARBOR FL 34684 US</b>			Mailing Address <b>37526 U S HWY 19 NO PALM HARBOR FL 34684 US</b>		
2. Principal Place of Business 21 <b>4005 WEST SAN JUAN ST.</b>		2a. Mailing Address 26 <b>P.O. Box 130367</b>		3. Date Incorporated or Qualified <b>02/12/1947</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-0568213</b>	
City & State 23 <b>TAMPA FL</b>		City & State 28 <b>TAMPA FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33629-6717</b>		Zip 29 <b>33681-0367</b>		Country 30 <b>USA</b>	
Country 25 <b>HISB</b>		Country 30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>RUEBEL, CHARLES J 37526 U S HWY 19 NO PALM HARBOR FL 34684</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name <b>BARBARA J. STUBBS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4005 WEST SAN JUAN STREET</b> 83 84 City <b>TAMPA</b> FL 85 Zip Code <b>33629</b>					
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 <i>Barbara J. Stubbs</i> DATE <b>2-5-99</b> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	CD	<input checked="" type="checkbox"/> DELETE			
NAME	RUEBEL, C G				
STREET ADDRESS	830 N SHORE DR NE APT 11 E/F				
CITY-ST-ZIP	ST PETERSBURG, FL 00000				
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	RUEBEL, JR, CHARLES G				
STREET ADDRESS	4801 CARDINAL TRAIL				
CITY-ST-ZIP	PALM HARBOR, FL 00000				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	STUBBS, BARBARA J.				
STREET ADDRESS	4005 W SAN JUAN ST				
CITY-ST-ZIP	TAMPA FL				
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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 checked="" 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 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, with all other like empowered.

SIGNATURE: *C G Ruebel Jr* C G RUEBEL JR 2-5-99 (503) 472-6956  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #