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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 160963

(5)

RUSKIN BUILDERS INCORPORATED

	ŀ	ILED)
Mar	14	1997	8:00am
Se	cret	tary o	f State

Principal Place of Business P O BOX 128 S07 N. TAMIAMI TRAIL RUSKIN FL 33570		Mailing Address P O BOX 128 307 N. TAMIAMI TRAIL RUSKIN FL 33570-3762						
					 Date incorporated or Qualified 03/25/1950 	3a. Date 03/26		Report
'	lace of Business	2a. Mailing Address			4. FEI Number		Α	pplied For
21		26		· · · · · · · · · · · · · · · · · · ·	59-0934814		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		[27]					Fee R	equired
City & Stat	е	City & State			6. Election Campaign Financing		\$5.00	May Be
23		[28]			Trust Fund Contribution			to Fees
Zip Country			Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	9, Name and Address of Current	29	30		Florida Statutes 10. Name and Address of New Reg			
614		r negistered Agent	81	Name	10. Name and Address of New Neg	Jistereu Age	7111	
	ITH, G. WENDELL							
	S 2ND ST. S.W.		82	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
HU	SKIN FL 33570		83	-				
			84	City		FL	35 Z ip	Code
44 Diversant	to the provisions of Continue CO7.01.00	and CO2 45 00 Classes (No.			poration submits this statement for the pr		! !	**
office or i	egistered agent, or both, in the State	of Florida, Such change wa	iules, me abov is authorized b	y the corpora	poranion submits this statement for the pi ition's board of directors. I hereby accep	urpose or cri t the appoin	anging Iment as	registered
agent. La	im familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Statute	S.				
SIGNATURE	Signature, lyped or printed name of registered ager	an alui I an tordio	Kill During A		ired when reinstating)	DATE		
12.	OFFICERS AND		13.	ent signature requ	ADDITIONS/CHANGES TO OFFICE		RECTO	RS IN 12
TITLE	PD	DELETE	1,1 11111		7.55(10.10)0.1.1(0.20.10.01)10.		Change	Addition
NAME	DICKMAN, EDWARD L.		1.2 NAME				-	
\$TREET ADORESS	102 12TH ST. S.W.			I ADDRESS				
CITY-ST-ZIP	RUSKIN FL		1.4 City -					
TITLE	VD	DELFTE	2111111		COLUMN TO A STATE CONTROL OF THE AREA COLUMN ASSESSMENT OF THE ARE		Change	Addition
NAME	DICKMAN, GLENN K.		2.2 NAME				_	
STREET ADDRESS	301 S. TAMIAMI TRAIL			1 ADDRESS				
CITY-ST-ZIP	RUSKIN FL		2. 4 City -					
TITLE	STD	DELETE	3.1 1111.6				Change	Addition
NAME	DICKMAN, PAUL R.		3.2 NAME				-	
STREET ADDRESS	BAHIA BEACH			1 ADDRESS				
CITY-ST-ZIP	RUSKIN FL		3.4. CITY-					
TITLE	\$	DELETE	4.1 TITLE				Change	Addition
NAME	HUDSON, WALTER R.(ASST)		4. 2 NAME					
STREET ADDRESS	1303 W. COLLEGE AVE		4.3 STREE	I ADDRESS				
CITY-ST-ZIP	RUSKIN FL		4.4 CITY -					
TITLE		DELFTE	5.1 THILE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	3 ADDRESS				
CITY-ST-ZIP			5.4 CHY-					
TITLE		DELFTE	6.1 1111.8				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			6,4 CITY -	1				
14 Lde bare	by portify that the information a mulice	Liviet, this Clive does a red	olify for the ev	montion alala	d in Contine 110 07(2)(i) Florida Statutos	I further on	white a the mi	dh a

For 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 angual report or supplemental agruent report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the forperation or the receiver or bustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 of changed, or on an attachment with an address.