SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIV. OF CORPORATIONS
95 JUN 11 AM 9:21

DOCUMENT # **240346** **(7)**

1. Corporation Name
JACK RUSSELL COMPANY, INC.

Principal Place of Business
465 RIVERSIDE DRIVE
STUART FL 34994

Mailing Address
465 RIVERSIDE DRIVE
STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1960
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-0908765 — 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
RUSSELL,LUTHER J
465 RIVERSIDE DRIVE
STUART FL 34994

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	C	☒ Change ☐ Addition
NAME	RUSSELL, LUTHER J	1.2 NAME		
STREET ADDRESS	465 RIVERSIDE DR	1.3 STREET ADDRESS		
CITY ST ZIP	STUART, FL 00000	1.4 CITY ST ZIP		
TITLE	TSV	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JOAN	2.2 NAME		
STREET ADDRESS	465 RIVERSIDE DR	2.3 STREET ADDRESS		
CITY ST ZIP	STUART, FL 00000	2.4 CITY ST ZIP		
TITLE	DV	3.1 TITLE	P	☒ Change ☐ Addition
NAME	RUSSELL, KAZUYO	3.2 NAME		
STREET ADDRESS	465 RIVERSIDE DR	3.3 STREET ADDRESS		
CITY ST ZIP	STUART, FL 00000	3.4 CITY ST ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, RIKI	4.2 NAME		
STREET ADDRESS	465 RIVERSIDE DR	4.3 STREET ADDRESS		
CITY ST ZIP	STUART FL	4.4 CITY ST ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, KEN	5.2 NAME		
STREET ADDRESS	465 RIVERSIDE DR	5.3 STREET ADDRESS		
CITY ST ZIP	STUART FL	5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: Joan Smith — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6-06-95 — Daytime Phone #: 407-287-1377

CR2E034 (3/95)

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