

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

FILED

Apr 10 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 # **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 34994-2584**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1960	3a. Date of Last Report 03/13/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0908765	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUSSELL, LUTHER J 465 RIVERSIDE DRIVE STUART FL 34994		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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ 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	P	3.1 TITLE	☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joan Smith **4-3-97** **561-287-1377**

CR2E034 (9/96)