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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 292998

(2)

Corporation Name

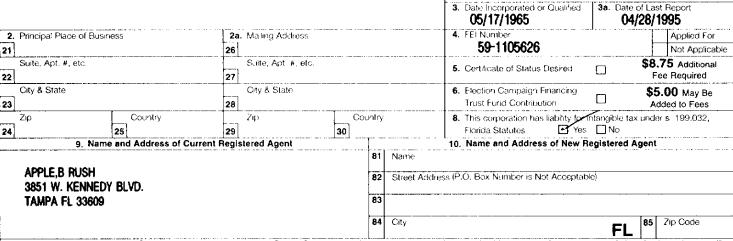
B. RUSH APPLE COMPANY

Princip	al F	race o	or Bu	isiness
3855	W.	KENN	EDY	BLVD.

TAMPA FL 33609

Mailing Address

3855 W. KENNEDY BLVD. TAMPA FL 33609



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	□ DELETE	i i liluf	☐ Change ☐ Addition	
NAME	APPLE,B RUSH		1.2 NAME		
TREET ADDRESS	4201 FAIR OAKS AVENUE		1.3 STHEE! ADDRESS		
ITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
ITLE	T	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition	
AME	APPLE,ERWIN S		2.2 NAME		
STREET ADDRESS	13925 L. MAGDALENE BLVD.		2 3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2 4 CITY - ST - ZIP		
ritle	D	DELETE	3 1 TITLE	Change Addition	
IAME	APPLE, ERWIN S.		3.2 NAME		
STREET ADDRESS	13925 L. MAGDALENE BLVD		3.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA. FL.		3 4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - ZiF		
TITLE		☐ DELETE	5 1 TITLE	Change Addition	
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY ST-ZIP		
TLE		DELETE	6 1 TITLE	☐ Change ☐ Addition	
IAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
DITY-ST-ZiP			6.4 C(1Y - ST - Z)P		

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 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 eath, that I am an officer or director of the conjunation 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 SUNING OFFICER OR DIRECTOR

4-15-96 813-870-3180

CR2E034 (12/95)