FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **349243** **(6)**

1. Corporation Name
RUSTIC ACRES, INCORPORATED

Principal Place of Business	Mailing Address
4234 SE FAIRWAY EAST STUART FL 34997 US	4234 SE FAIRWAY EAST STUART FL 34997 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/10/1969
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 4271 S.W. BROOKSIDE DR.
22 Suite, Apt. #, etc.
23 City & State: PALM CITY, FL
24 Zip: 34990
25 Country: US

2a. Mailing Address
26 4271 S.W. BROOKSIDE DR.
27 Suite, Apt. #, etc.
28 City & State: PALM CITY, FL
29 Zip: 34990
30 Country: US

4. FEI Number: 59-1295749 ☐ 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

STEFFENS, VIRGIL R
4234 SE FAIRWAY EAST
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4271 S.W. BROOKSIDE DRIVE
83
84 City: PALM CITY FL 85 Zip Code: 34990

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TERRANOVA, PAMELA K	1.2 NAME	
STREET ADDRESS	865 S W MAGNOLIA BLUFF	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 33490	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	STEFFENS, VIRGIL R	2.2 NAME	
STREET ADDRESS	4234 SE FAIRWAY EAST	2.3 STREET ADDRESS	4271 S.W. BROOKSIDE DRIVE
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Virgil R. Steffens VIRGIL R. STEFFENS 4-22-95 (407) 287-8436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381942 CP