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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 498315 (1) THE RUPP COMPANY Principal Place of Business Mailing Address 7805 PROFESSIONAL PLACE 7805 PROFESSIONAL PLACE TAMPA FL 33637 TAMPA FL 33637 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1976 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 59-1638010 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additio 5. Certificate of Status Desired 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Country Zip 8. This corporation owes or has paid the current year intangible 29 Personal Property Tax due June 30. ☐ Yes 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RUPP, ROBERT V. 15501 BERENSON PLACE 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33647 83 City 85 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 reinstaling) 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE RUPP, ROBERT V. NAME 1.2 NAME 15501 BERENSON PLACE STREET ADDRESS 1.3 STREET ADDRESS

## **FILED** Jan 28 1998 8:00am Secretary of State



Applied For

Fee Requirati

Added to Fees

Zip Code

2E034

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

813-989-0043