

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 501461 (8)

1. Corporation Name

BGRUSAW, INC.



Principal Place of Business

STATE RD 44 EAST
PO BOX 776
CRYSTAL RIVER FL 34423-0776

Mailing Address

STATE RD 44 EAST
PO BOX 776
CRYSTAL RIVER FL 34423-0776

3. Date Incorporated or Qualified
04/19/1976

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-1658210

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

RUSAW, ERNEST G.
1285 N. SELKIRK PT.
CRYSTAL RIVER FL 32629

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 or director, if applicable

(NOTE: Registered Agent Signature required when removing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
RUSAW, ERNEST G
1285 N SELKIRK PT.
CRYSTAL RIVER, FL 0

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
RUSAW, BRIGITTE
1285 N SELKIRK PT.
CRYSTAL RIVER, FL 0

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
BOYCE, WILLIAM H
PO BOX 608 STATE RD 54
NEW PORT RICHEY, FL 0

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
CUYLER, FRANKLIN S. JR.
PO BOX 1616 SIDIKI PT
INVERNESS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
CROSLEY, JAMES R.
3847 N BRIARBERRY PT
BEVERLY HILLS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

1288 N. Sidiki Pt
Inverness, FL 34453

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

904-746-6500

Date

Display Phone #

CR2E034 (12/95)