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**PROFIT** CORPORATION ANNUAL REPORT 1999

465 RIVERSIDE DRIVE STUART FL 34994

DOCUMENT # 526318



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Apr 23, 1999 8:00 am Secretary of State **Katherine Harris**

04-23-1999 90108 010 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

JACK RUSSELL (U.S.A.) COMPANY, INC. Mailing Address Principal Place of Business

465 RIVERSIDE DRIVE

STUART FL 34994

3. Date Incorporated or Qualifed 02/22/1977 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1726032 26 21 Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes the current year Intangible Country Zip □No ☐ Yes 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUSSELL. LUTHER L. Street Address (P.O. Box Number is Not Acceptable) 82 465 RIVERSIDE DRIVE STUART FL 34994 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ Addition ☐ DELETE 1.1 TITLE III.E 1.2 NAME NAME RUSSELL, LUTHER J 465 RIVERSIDE DRIVE 1.3 STREET ADDRESS STREET ADDRESS STUART, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE RUSSELL, KAZUYO 2.2 NAME NAME 465 RIVERSIDE DRIVE 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZiP STUART, FL 00000 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME RUSSELL, RIKI NAME STREET ADDRESS 465 RIVERSIDE DR 3.3 STREET ADDRESS STUART FL 34994 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE RUSSELL, KEN 4. 2 NAME NAME 465 RIVERSIDE DR 4.3 STREET ADDRESS STREET ADDRESS STUART FL 34994 4.4 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. I 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 shanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition

CR2E034.(11/98)