

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 628932 (6)

1. Corporation Name
RUSKIN TROPICALS, INC.



Principal Place of Business

902 21ST AVENUE SE
RUSKIN FL 33570

Mailing Address

P.O. BOX 946
RUSKIN FL 33570

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COLBY, WILLIAM
902 21ST AVE, SE
1302 27TH ST. S.E.
RUSKIN FL 33570

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

07/09/1979

3a. Date of Last Period

04/18/1995

4. FET Number

59-1930478

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

10. Name and Address of New Registered Agent

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. 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.

Typed or printed name of Agent (signature is not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

P
COLBY, WILLIAM
902 21ST AVE, SE
RUSKIN FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TS
COLBY, JODIE
902 21ST AVE., S.E.
RUSKIN FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

2. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

3. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

4. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

5. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

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10. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

11. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

12. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

13. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

14. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

15. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

16. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

17. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

18. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

19. TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

20. TITLE NAME STREET ADDRESS 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)(g), 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: *William Colby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Colby

3/20/96

(813)6451080

CR2E034 (12/95)