

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:39

DOCUMENT # 679321 (0)

1. Corporation Name

RUSH FARMS, INC.

Principal Place of Business

**2907 BAYSHORE CT.
TAMPA FL 33611-2807**

Mailing Address

**2907 BAYSHORE CT.
TAMPA FL 33611-2807**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1980

3a. Date of Last Report

04/14/1994

2. Principal Place of Business

21 2908 Bayshore Ct

2a. Mailing Address

26 2908 Bayshore Ct

4. FEI Number

59-2024909

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**

9. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RUSH III, JOHN A.
2907 BAYSHORE COURT
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name

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

2908 Bayshore Court

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, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

By _____, typed or printed name of registered agent, will use if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/11/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSH III, JOHN A.
STREET ADDRESS	2907 BAYSHORE CT.
CITY-ST-ZIP	TAMPA FL
TITLE	ST
NAME	RUSH, PAMELA J.
STREET ADDRESS	2907 BAYSHORE CT.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	STEWART, DONALD E.
STREET ADDRESS	13449 NW 82ND ST RD
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2908 Bayshore Ct
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2908 Bayshore Ct
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

813/831-4586

(Print Name)