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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90096 003 ***150.00

DOCUMENT # F9300004828 1. Corporation Name

RUTTMAN COMPANY

Principal Place of Business Mailing Address 365 E. SHORE DR. 923 N DORAL LANE P. O. BOX 210 VENICE FL 34293 DO NOT WRITE IN THIS SPACE WHITMORE LAKE MI 48189 3. Date Incorporated or Qualifed 10/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 38-1903078 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes the current year Intangible 25 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RUTTMAN, JIMMIE R Street Address (P.O. Box Number is Not Acceptable) 82 923 N. DORAL LANE VENICE FL 34293 83 84 Zip Code 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 (NOTE: Registered Agent signature requi Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition □ DFLETE _ 1 1 TITLE TITLE RUTTMAN, JIMMIE R 1.2 NAME NAME 923 N. DORAL LANE 1.3 STREET ADDRESS STREET ADDRESS

VENICE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE ▲ 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 51TITLE TITLE 52 NAME NAME 5,3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP " ... 64 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WATUKE REQUIRED

CR2E034 (11/98)