FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # F93000004989 (0)

JIM RUTTMAN, INC.

923 N. DORAL LN
VENICE FL 34293

Mailing Address
923 N. DORAL LN
VENICE FL 34293

3. Date Incorporated or Qualified: 11/04/1993

3a. Date of Last Report: 07/28/1994

21 — 26

4. FEI Number: 38-1911539 — Applied For / Not Applicable

22 — 27

5. Certificate of Status Desired: $8.75 Additional Fee Required

23 — 28

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

24 — 25 — 29 — 30

8. Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

RUTTMAN, JIMMIE R
923 N. DORAL LN.
VENICE FL 34293

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 Section 607.0502 and 607.1008, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1994	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	RUTTMAN, JIMMIE R	NAME	
STREET ADDRESS	923 N. DORAL LN.	STREET ADDRESS	
CITY, ST, ZIP	VENICE FL 34293	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information contained in this report is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I further certify that I am familiar with the contents of the report and that the person or persons indicated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached list, if applicable, with an address.

SIGNATURE: Jim Ruttman — 4/30/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Ruttman

0340701 CP