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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300004989 1. Corporation Name

JIM RUTTMAN, INC.

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

03-24-1999 90096 001 ***150.00



SS E SHORE OR WINTINGE LANK IN 4989 US 2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualified 11/04/1983 2. Principal Place of Business 3. Link Apt. #, etc. 3. Sullis. Apt. #, etc. 3. City & State 27 29 20 20 20 20 20 20 20 20 20							1 1 40 11 40 11 10 10 10 1 10 1 10 1 10 1 10 1 1	4 11 6 6 6 6 6	H (#61# 1#H) (##6
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25 29 30 Personal Property Tax. Ves No.							Trust Fund Contribution		to Fees
9. Name and Address of Current Registered Agent RUTTMAN, JIMMIE R 923 N. DORAL LN. VENICE FL 34293 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 91. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statuties. 93 STORATURE 10 OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTER 12 OFFICERS AND DIRECTORS IN 12 INTER 13 SINEST ADDRESS 14 STREET ADDRESS 15 STREET ADDRESS 17 STREET ADDRESS 17 STREET ADDRESS 17 STREET ADDRESS 18 STREET ADDRESS 19 STREET		,, ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·			· ·		DAIα.
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Signature, hyper or prinche name of registered agent and talle if applicable. (NOTE: Registered Agent segnature required when reinstating) DATE	office of re	edistered agent, or both, in the Stat	e of Florida. Such change was at	uthorized	by ti	named corporation?	ation submits this statement for the purpose of is board of directors. I hereby accept the appoi	changing its	s registered egistered
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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	14. I hereby o	ertify that the information supplied	with this filing does not qualify for	the exem	oitan	n stated in Sec	ction 119.07(3)(i), Florida Statutes. I further cer	tify 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 it made under pair, under any 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 it changed, or contain the same legal effect as it made under pair and accurate and that my name appears in Block 12 or Block 13 it changed, or contain the same legal effect as it made under pair and accurate and that my signature shall nave the same legal effect as it made under pair and accurate and that my signature shall nave the same legal effect as it made under pair and accurate and that my signature shall nave the same legal effect as it made under pair and accurate and that my signature shall nave the same legal effect as it made under pair and accurate and that my signature shall nave the same legal effect as it made under pair and accurate and that my name appears in Block 12 or Block 13 it made under pair and that my name appears in Block 12 or Block 13 it made under pair and that my name appears in Block 12 or Block 13 it made under pair and the pair and that my name appears in Block 12 or Block 13 it made under pair and the p

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