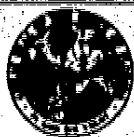


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000005050 (9)

1. Corporation Name

RUPPANNER ASSOCIATES INTERNATIONAL INC.

Principal Place of Business

**13814 LAKE VILLAGE PL
TAMPA FL 33624**

Mailing Address

**13814 LAKE VILLAGE PL
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

4. FEI Number

APPLIED FOR

59-3258964

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**

7. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 1561 SOUTH CONGRESS AVE

2a. Mailing Address

21 1561 SOUTH CONGRESS AVE

Suite, Apt., #, etc.

22 SUITE 130

Suite, Apt., #, etc.

27 SUITE 130

City & State

23 DELRAY BEACH FL

City & State

28 DELRAY BEACH FL

Zip

24 33445

Country

25 USA

Zip

29 33445

Country

30 USA

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200 A JOHN KNOX ROAD
TALLAHASSEE FL 32304-6643**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCS
NAME	RUPPANNER, PAUL A
STREET ADDRESS	13814 LAKE VILLAGE PL
CITY - ST - ZIP	TAMPA FL 33624
TITLE	WC
NAME	MCKAY, J B
STREET ADDRESS	13814 LAKE VILLAGE PL
CITY - ST - ZIP	TAMPA FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	P/C/S	☒ Change	☐ Addition
1.2 NAME	RUPPANNER, PAUL A.		
1.3 STREET ADDRESS	1561 SOUTH CONGRESS AVE		
1.4 CITY - ST - ZIP	DELRAY BEACH FL 33445		
2.1 TITLE	V/T	☒ Change	☐ Addition
2.2 NAME	MCKAY, J.B.		
2.3 STREET ADDRESS	1561 SOUTH CONGRESS AVE		
2.4 CITY - ST - ZIP	DELRAY BEACH FL 33445		
3.1 TITLE	D	☐ Change	☒ Addition
3.2 NAME	COLIN RUPPANNER		
3.3 STREET ADDRESS	1561 SOUTH CONGRESS AVE		
3.4 CITY - ST - ZIP	DELRAY BEACH FL 33445		
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or both, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Paul A. Ruppanner)

Date

4/14/95

Telephone #

500-442-7204