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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000000319 (0)

1. Corporation Name

JOHN A. RUSSELL CORPORATION

Principal Place of Business

170 SOUTH MAIN ST.
RUTLAND VT 05701

Mailing Address

170 SOUTH MAIN ST.
RUTLAND VT 05701



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

03-0173793

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MORRISON, DAVID ESQ.
MORRISON & CONROY
975 6TH AVE. SOUTH
NAPLES FL 34102

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME RUSSELL, JOHN A JR.
STREET ADDRESS OAKRIDGE DR.
CITY-ST-ZIP RUTLAND VT 05701 ☐ DELETE

TITLE D
NAME RUSSELL, MARTHA T
STREET ADDRESS OAKRIDGE DR.
CITY-ST-ZIP RUTLAND VT 05701 ☐ DELETE

TITLE V
NAME FRANKLIN, WALLACE H
STREET ADDRESS ORMSBEE AVE.
CITY-ST-ZIP PROCTOR VT 05765 ☐ DELETE

TITLE ST
NAME GALLIPO, JAMES J
STREET ADDRESS TOWN LINE RD.
CITY-ST-ZIP RUTLAND VT 05701 ☐ DELETE

TITLE V
NAME WIRKKI, OLAVI K
STREET ADDRESS OLD DEPOT RD.
CITY-ST-ZIP SHAFTSBURY VT 05262 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME John A. Russell, III
1.3 STREET ADDRESS RR1, Box 3023
1.4 CITY-ST-ZIP Rutland, VT 05701 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Mark L. Russell
2.3 STREET ADDRESS Oakridge Drive
2.4 CITY-ST-ZIP Rutland, VT 05701 ☐ Change ☒ Addition

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 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.

SIGNATURE

CR2E034 (10/97)