

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000000319 (0)**  
 1. Corporation Name  
**JOHN A. RUSSELL CORPORATION**



Principal Place of Business <b>170 SOUTH MAIN ST. RUTLAND VT 05701</b>	Mailing Address <b>170 SOUTH MAIN ST. RUTLAND VT 05701</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/21/1997</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>03-0173793</b>	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MORRISON, DAVID ESQ.                  MORRISON &amp; CONROY                  975 6TH AVE. SOUTH                  NAPLES FL 34102</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code <b>FL</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUSSELL, JOHN A JR.</b>	1.2 NAME	<b>John A. Russell, III</b>
STREET ADDRESS	<b>OAKRIDGE DR.</b>	1.3 STREET ADDRESS	<b>RR1, Box 3023</b>
CITY-ST-ZIP	<b>RUTLAND VT 05701</b>	1.4 CITY-ST-ZIP	<b>Rutland, VT 05701</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUSSELL, MARTHA T</b>	2.2 NAME	<b>Mark L. Russell</b>
STREET ADDRESS	<b>OAKRIDGE DR.</b>	2.3 STREET ADDRESS	<b>Oakridge Drive</b>
CITY-ST-ZIP	<b>RUTLAND VT 05701</b>	2.4 CITY-ST-ZIP	<b>Rutland, VT 05701</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, WALLACE H</b>	3.2 NAME	
STREET ADDRESS	<b>ORMSBEE AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PROCTOR VT 05765</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLIPO, JAMES J</b>	4.2 NAME	
STREET ADDRESS	<b>TOWN LINE RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RUTLAND VT 05701</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIRKKI, OLAVI K</b>	5.2 NAME	
STREET ADDRESS	<b>OLD DEPOT RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHAFTSBURY VT 05262</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)