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Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J07600 (6)

1. Corporation Name  
RUTSON, INC.

Principal Place of Business

% TIMOTHY J. WARFEL  
215 S. MONROE ST., S-701  
TALLAHASSEE FL 32301

Mailing Address

% TIMOTHY J. WARFEL  
215 S. MONROE ST., S-701  
TALLAHASSEE FL 32301-1871



2. Principal Place of Business

21 5012 SPYGLASS DR  
Suite, Apt. #, etc.

22 Panama City FL

23 Panama City FL

24 32408 25 USA

2a. Mailing Address

26 5012 SPYGLASS DR  
Suite, Apt. #, etc.

27 Panama City FL

28 Panama City FL

29 32408 30 USA

3. Date Incorporated or Qualified

04/04/1986

3a. Date of Last Report

02/15/1996

4. FEI Number

59-2713436

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WARFEL, TIMOTHY J.  
215 S. MONROE ST.  
S-701  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name WARFEL, Timothy J  
82 Street Address (P.O. Box Number is Not Acceptable) 2120 KILGORE WAY  
83  
84 City Tallahassee FL 85 Zip Code 32308

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 type the printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME RUTHERFORD, ALAN K.  
STREET ADDRESS 5012 SPYGLASS DR.  
CITY-ST-ZIP PANAMA CITY BCH. FL

TITLE S  
NAME RUTHERFORD, LU-WINN  
STREET ADDRESS 140 JOE JENKINS RD  
CITY-ST-ZIP FAIRVIEW NC

TITLE D  
NAME RUTHERFORD, CHRIS  
STREET ADDRESS 140 JOE JENKINS RD  
CITY-ST-ZIP FAIRVIEW NC

TITLE D  
NAME RUTHERFORD, A. KENT  
STREET ADDRESS 732 BALMORAL LANE  
CITY-ST-ZIP ORANGE PARK FL

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: *Alan K. Rutherford* ALAN K. RUTHERFORD 32 Feb 97 904 234 1670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)