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 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K70944** **(9)**

1. Corporation Name

RUSTY ACRES, INC.

Principal Place of Business	Mailing Address
% KIRK A. CAMERON RT 10 BOX 790-C LAKE CITY FL 32055	% KIRK A. CAMERON RT 10 BOX 790-C LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1989
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 Rt 15 Box 395
22 Suite, Apt. #, etc.
23 City & State: Lake City Fl
24 Zip: 32055 25 County: Columbia

2a. Mailing Address
26 Rt 3 Box 298
27 Suite, Apt. #, etc.
28 City & State: Live Oak Fl
29 Zip: 32060 30 County: Suwannee

4. FEI Number: 59-2933422 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMERON, KIRK A.
RT 10 BOX 790-C
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☑ Change ☐ Addition
NAME	CAMERON, KIRK A.	12 NAME		
STREET ADDRESS	RT 10, BOX 790-C	13 STREET ADDRESS	Rt 3 Box 298	
CITY-ST-ZIP	LAKE CITY FL	14 CITY ST ZIP	Live Oak, Fl 32060	
TITLE	ST	21 TITLE		☑ Change ☐ Addition
NAME	CAMERON, TERRI JO	22 NAME		
STREET ADDRESS	RT 10 BOX 790-C	23 STREET ADDRESS	Rt 3 Box 298	
CITY-ST-ZIP	LAKE CITY FL	24 CITY ST ZIP	Live Oak Fl 32060	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: Terri Jo Cameron Terri Jo Cameron 4-25-95 (904)963-2785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401107 FP