

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

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Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K75986** (5)  
1. Corporation Name  
**FAMILY RUSTIC INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**C/O WILLIAM A. VANNORTWICK JR.** **2113 FLORIDA BLVD.**  
**3550 INDEPENDENT SQUARE** **NEPTUNE BEACH FL 32266-1809**  
**JACKSONVILLE FL 32232** *Edward B. Alexander* **US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/28/1989</b>	3a. Date of Last Report <b>03/06/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2968692</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ALEXANDER, EDWARD B</b> <b>2113 FLORIDA BOULEVARD</b> <b>NEPTUNE BEACH FL 32266</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 *Ed Alexander* **Edward B. Alexander CFO** **1-7-96**  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b>	1.1 TITLE	<b>Vice President Finance</b>
NAME	<b>ALEXANDER, EDWARD B.</b>	1.2 NAME	
STREET ADDRESS	<b>2113 FLORIDA BLVD. #A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	
NAME	<b>SMITH, WILLIAM S. JR.</b>	2.2 NAME	
STREET ADDRESS	<b>2113 FLORIDA BOULEVARD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	
NAME	<b>LEWIS E CHRISTMAN, JR.</b>	3.2 NAME	
STREET ADDRESS	<b>2113 FLORIDA BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<b>Walters, Michael J/Secretary</b>
NAME		4.2 NAME	<b>Walters, Michael J.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2113 Florida Blvd.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Neptune Beach, FL 32266</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>300002065569</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-01/23/97--01010--008</b>
TITLE		6.1 TITLE	<b>***330.00</b>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ed Alexander* **1-29-97** **904-249-4197**

CR2E034 (9/96)