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FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49121 (9)

1. Corporation Name

JUPITER RURAL RESIDENTS, INC.

Principal Place of Business

9520 159TH COURT N.
JUPITER FL 33478

Mailing Address

9520 159TH COURT N.
JUPITER FL 33478-93413. Date Incorporated or Qualified
05/26/19923a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 11150 154th Rd. No.

Suite, Apt. #, etc.

22

City & State

23 JUPITER, FLORIDA

Zip

24 33478

Country

25 USA

2a. Mailing Address

26 P.O. Box 2585

Suite, Apt. #, etc.

27

City & State

28 Jupiter, FL

Zip

29 33468

Country

30 USA

4. FEI Number

65-0358562

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARMAN, JEFF M
10635 N 151ST AVE
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name

EDWARD R. RICE

82 Street Address (P.O. Box Number is Not Acceptable)

11150 154th Rd. No.

83

84 City

JUPITER, FL

FL

85 Zip Code

33478

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE EDWARD R. RICE

Signature, typed or printed name of registered agent and title if applicable

Edward R. Rice

(NOTE: Registered Agent signature required when reinstating)

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME BURCK, JEFF
STREET ADDRESS 9520 159TH CT. N.
CITY-ST-ZIP JUPITER FLTITLE SD ☐ DELETENAME HARMAN, JEFF M
STREET ADDRESS 10635 N 151ST LANE
CITY-ST-ZIP JUPITER FLTITLE VD ☐ DELETENAME CASHION, CLARENCE
STREET ADDRESS 17390 N 128TH TERR
CITY-ST-ZIP JUPITER FLTITLE TD ☐ DELETENAME RICE, ED
STREET ADDRESS 11150 N 154TH RD
CITY-ST-ZIP JUPITER FLTITLE D ☐ DELETENAME TAYLOR, LOIS
STREET ADDRESS 17127 N THUNDER RD
CITY-ST-ZIP JUPITER FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

(561) 748-8486

Daytime Phone # 0044832

CR2E037 (9/96)