FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002428 (1)**

1. Corporation Name

~~THE ATLANTICA FOUNDATION, INC.~~ RUFFWOOD ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
100 NORTH TAMPA STREET STE. 2800 TAMPA FL 33602 US	100 NORTH TAMPA STREET STE 2800 TAMPA FL 33602 US

3. Date Incorporated or Qualified: 05/27/1993
3a. Date of Last Report: 05/01/1994

4. FEI Number: ~~APPLIED FOR~~ 59-3311057 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIEF, FRANK J III 100 NORTH TAMPA STREET STE. 2800 TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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	D	11 TITLE		☒ Change ☐ Addition
NAME	WOODRUFF, JANE	12 NAME		
STREET ADDRESS	~~501 OCEAN SHORE BLVD.~~	13 STREET ADDRESS	4460 Garmon Road	
CITY-ST-ZIP	~~ORMOND BEACH FL 32176~~	14 CITY-ST-ZIP	Atlanta, GA 30327	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WOODRUFF, JOHN	22 NAME		
STREET ADDRESS	1425 N HARRIS RIDGE	23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30327	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☒ Addition
NAME	RIEF, FRANK J III	32 NAME		
STREET ADDRESS	100 N TAMPA STREET	33 STREET ADDRESS	add - Suite 2800	
CITY-ST-ZIP	TAMPA FL 33602	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MCLARTY, NANCY J	42 NAME		
STREET ADDRESS	991 GREENWAY LANE	43 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	~~ROBERT, ALICE BARNEY W~~	52 NAME	Richard Woodruff	
STREET ADDRESS	~~P O BOX 250 N/A~~	53 STREET ADDRESS	c/o Honda Carland	
CITY-ST-ZIP	~~WARRENTON VA 22186~~	54 CITY-ST-ZIP	11085 Alpharetta Hwy, Roswell, GA 30076	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank J Rief III (813) 224-0866
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANK J. RIEF, III

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