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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000002428 (1)**

1. Corporation Name

RUFFWOOD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**100 NORTH TAMPA STREET
STE. 2800
TAMPA FL 33602
US****100 NORTH TAMPA STREET
STE 2800
TAMPA FL 33602-5167
US**3. Date Incorporated or Qualified
05/27/19933a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.**26**
Suite, Apt. #, etc.**22**
City & State**27**
City & State**23**
Zip Country**28**
Zip Country**24**
Country**29**
Country4. FEI Number
59-3311057Applied For
Not Applicable5. 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

**RIEF, FRANK J III
100 NORTH TAMPA STREET
STE. 2800
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WOODRUFF, JANE**
STREET ADDRESS **4460 GARMON ROAD**
CITY-ST-ZIP **ATLANTA GA**TITLE **D** ☐ DELETE
NAME **WOODRUFF, JOHN**
STREET ADDRESS **1425 N HARRIS RIDGE**
CITY-ST-ZIP **ATLANTA GA 30327**TITLE **D** ☐ DELETE
NAME **RIEF, FRANK J III**
STREET ADDRESS **100 N TAMPA STREET, STE 2800**
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☐ DELETE
NAME **MCLARTY, NANCY J**
STREET ADDRESS **991 GREENWAY LANE**
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE **D** ☐ DELETE
NAME **WOODRUFF, RICHARD C**
STREET ADDRESS **11085 ALPHARETTA HWY**
CITY-ST-ZIP **ROSWELL GA**TITLE ☐ DELETE
NAME
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-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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

Date

Daytime Phone # 0046972

CR2E037 (9/96)