

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001791

1. Corporation Name

THE RUSTY BULLOCK FOUNDATION, INC.

Principal Place of Business

3542 RAINTREE COURT
LAKELAND FL 33803

Mailing Address

3542 RAINTREE COURT
LAKELAND FL 33803

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90023 043 ****61.25

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2. Principal Place of Business

21 191 Greenfield Road

Suite, Apt. #, etc.

22

City & State

23 Winter Haven, FL

Zip

33884

Country

25 USA

2a. Mailing Address

26 191 Greenfield Road

Suite, Apt. #, etc.

27

City & State

28 Winter Haven, FL

Zip

33884

Country

30 USA

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

59-3501304

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

9. Name and Address of Current Registered Agent

WISEMAN, TIMOTHY R
3542 RAINTREE COURT
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

Timothy R. Wiseman

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

191 Greenfield Road

83

84 City

Winter Haven

FL

85 Zip Code

33884

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

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

Registered Agent
(NOTE: Registered Agent signature required when reinstating)

DATE 4/5/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BULLOCK, KATHY
STREET ADDRESS 5301 US HWY 27 S.
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ DELETE

NAME D
BULLOCK, PHILLIP
STREET ADDRESS 5301 US HWY 27 S.
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ DELETE

NAME D
SCHWARZE, JOHN
STREET ADDRESS 5301 US HWY 27 S.
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ DELETE

NAME D
RODDEN, GREG
STREET ADDRESS 5301 US HWY 27 S.
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ DELETE

NAME D
WISEMAN, TIM
STREET ADDRESS 3542 RAINTREE COURT
CITY-ST-ZIP LAKELAND FL 33803

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-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 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, with all other like empowered.

SIGNATURE:

Timothy R. Wiseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99
Date

(941) 638-7260
Daytime Phone #

CR2E037 (11/98)

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