FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P32433** **(5)**

1. Corporation Name

RUTLAND/VAN CAMP & ASSOCIATES, INC.

Principal Place of Business
624 SOUTH PERRY STREET
MONTGOMERY AL 36104

Mailing Address
624 SOUTH PERRY STREET
MONTGOMERY AL 36104

3. Date Incorporated or Qualified: 01/09/1991
3a. Date of Last Report: 04/26/1995
4. FEI Number: 63-1033366 — ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4142 Carmichael Ct.	26 P.O. Box 230758
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Montgomery, AL	City & State 28 Montgomery, AL
Zip 24 36106 — Country 25 Montgomery	Zip 29 36123-0758 — Country 30 Montgomery

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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

TITLE	PCD	☐ DELETE
NAME	RUTLAND, JAMES W., III	
STREET ADDRESS	624 S. PERRY STREET	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	V	☐ DELETE
NAME	RUTLAND, JAMES W., JR.	
STREET ADDRESS	624 S. PERRY STREET	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	V	☐ DELETE
NAME	STUART, DAVID W.	
STREET ADDRESS	624 S. PERRY STREET	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	STD	☐ DELETE
NAME	VAN CAMP, RICHARD F.	
STREET ADDRESS	624 S. PERRY STREET	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

CR2E034 (12/95)

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)(k), 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: ______ April 15, 1996 334/271-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James W. Rutland, III