FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000025721 (0) **DOCUMENT #**

•		
RUSTER	ENTERPRISES.	INC.



Principal Place of Business Mailing Address					
29160 US HWY 19 N 29160 US HWY 19 N CLEARWATER FL 34621 CLEARWATER FL 34621					
				3. Date Incorporated or Qualified 04/05/1993	3a. Date of Last Report 04/27/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-3175624	Not Applicable
Suite, Apt. #	f, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City 8 State	· ···· - · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for i	
4	25	29	30	Florida Statutes X Yes	
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	in, laura j	<i>1</i> 2	82 Street Add	fress (P.O. Box Number is Not Acceptab	le)
	YSHORE BLVD		0.3		
DUNEDII	N FL 34698		83		
			84 City		FL 85 Zip Code
				oration submits this statement for the pur	
familiar witi SIGNATURE	h, and accept the obligations of Sect	tion 607.0505. Florida Statutes	Tr Begistered Agent say at we respo	and of directors. I hereby accept the application of the directors of the application of the directors of the application of th	DATE
2.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TILE	D	DELETE	: 1 TITLE		Change Addition
IAME	YACOBELLIS, THOMAS		1.2 NAME		
STREET ADDRESS	29160 US HWY 19 N		1.3 STREET ADDRESS		
DITY - ST - ZIP	CLEARWATER FL 34621		14 GITY - ST - 7/P		
TITLE	D	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	SAYLES, LINDA L		2.2 NAME		
STREET ADDRESS	29160 US HWY 19 N		2.3 STREET ACORESS		
CITY - ST - ZIP	CLEARWATER FL 34621	☐ DELF1E	2.4 CHY - ST - ZIP 3.1 TIT_F		Change Addition
ITLE		Препи	3 2 NAME		
AME NACE ANDRESS			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CHY-S1-ZIP		
CITY-ST-ZIP TILE		☐ DELETE	4 1 HILE		Change Addition
NAME		٠	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4 4 CITY - ST - ZIP		
DILE		☐ DELETE	5 11 1(1		☐ Change ☐ Addition
NAME			5.2 NAMÉ		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ D€LETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS					
-			6.3 STREET ADDRESS		

I do hereby certify that the information supplied with this filing is voluntarily turnshed and does not quality for the exemption stated in Section 119.07(3)(ii), Florida Statutes i Turner 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

HULL HAULES, VP. LINDA SAYLES
SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4-23-96 813-787-7087