

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Sep 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P93000048325 (3)**

1. Corporation Name
RUJO/FIELDS, INC.



Principal Place of Business

Mailing Address

**207 S MARION ST
SUITE 204
LAKE CITY FL 32025**

**207 S MARION ST
SUITE 204
LAKE CITY FL 32025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

2. Principal Place of Business

2a. Mailing Address

21 **109 Old Carriage Rd.**

26 **109 Old Carriage Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3192272

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

22 City & State

27 City & State

23 **Ponce Inlet, FL.**

28 **Ponce Inlet, FL.**

Zip

Country

Zip

Country

24 **32127**

25 **Volusia**

29 **32127**

30 **Volusia**

9. Name and Address of Current Registered Agent

**FIELDS, JOHN L
207 S MARION ST
SUITE 204
LAKE CITY FL 32025**

10. Name and Address of New Registered Agent

81 Name

Minnie R. Fields

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

109 Old Carriage Rd.

83

84 City

Ponce Inlet

FL

85 Zip Code

32127

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

Minnie R. Fields

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 16, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTS**
STREET ADDRESS **FIELDS, JOHN L**
CITY-ST-ZIP **207 S MARION ST SUITE 204
LAKE CITY FL 32025**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)