

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 # P95000049700 (4)

1. Corporation Name

RUSS ENTERPRISES, INC.



Principal Place of Business

RT. 2 BOX 4655
CRAWFORDVILLE FL 32327

Mailing Address

RT. 2 BOX 4655
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2418 N. MONROE ST

26 P.O. BOX 10001

4. FEI Number

59-3323245

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

UNIT 200

23 TALLAHASSEE, FL

28 TALLAHASSEE, FL

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24 32303

25 LEON

29 32302-3001

30 LEON

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POTTER, LENORIA R
RT. 2 BOX 4655
CRAWFORDVILLE FL 32327

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

Lenoria R. Potter Sec/TRES

(NOTE: Registered Agent signature required when reinstating)

4/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KILGORE, DARLENE R
STREET ADDRESS 5394 HWY. 98
CITY-ST-ZIP DESTIN FL 32541 ☐ DELETE

TITLE D
NAME POTTER, LENORIA R
STREET ADDRESS RT. 2 BOX 4655
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

Lenoria R. Potter Sec/TRES

4/16/96

DATE

904-298-4111

Daytime Phone #

CR2E034 (12/95)