


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

FILED

Jan 29 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 # P95000076846 (1) 1. Corporation Name RUFS POTATO COMPANY, INC.		



Principal Place of Business 2200 N.PONCE DE LEON BLVD. 11 ST. AUGUSTINE FL 32084 US	Mailing Address 2200 N. PONCE DE LEON BLVD 11 ST. AUGUSTINE FL 32084 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 Nealson St. Suite, Apt. #, etc.		2a. Mailing Address 26 200 Malaga Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/06/1995	
22 Hurlock, MD City & State		27 Suite #6 City & State		4. FEI Number 59-3343819 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 21643 Zip		28 US Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32084 Zip		29 US Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30 US Country		31 US Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KING, JUDSON 1326 S. RIDGEWOOD AVENUE SUITE 7 DAYTONA BEACH FL 32114				10. Name and Address of New Registered Agent 81 Name Kenneth R. Kresge, CPA, PA 82 Street Address (P.O. Box Number is Not Acceptable) 200 Malaga Street 83 Suite #1 84 City St. Augustine FL 85 Zip Code 32084			
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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 *Kenneth R. Kresge* DATE 1/14/98
Signature, typed or printed name of registered agent (if applicable). (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, GREGORY W			1.2 NAME			
STREET ADDRESS	87 DOLPHIN DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, MARK H			2.2 NAME			
STREET ADDRESS	5 CRASSOLDI STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *Gregory W Jones* 1-16-98 904-829-0557

CR2E034 (10/97)