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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000013461 (4)

RUSKIN REDNECK TRADING COMPANY, INC.

<b>Principal</b>	Place	of	Busine	085

Mailing Address

## **FILED** Apr 28 1997 8:00am Secretary of State



102-A W. SHELLPOINT RD RUSKIN FL 33570		102-A W. SHELLPOINT RD Ruskin Fl 33570-3705			
				3. Date Incorporated or Qualified 02/13/1996	3a. Date of Lest Report
2. Principal Place of Business		2a. Mailing Address		4. FELDunber 336 21:	Applied For
21		26		59-72401:	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	[29]	30		Yes No
C DAY	9, Name and Address of Curre	nt Hegistered Agent	81 Name 7	10. Name and Address of New Re	gistered Agent
UAV DAV	ID, ANNE W		of Name 4	MAVIS, HUNE W	/•
	A W. SHELLPOINT RD		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
. RUS	SKIN FL 33570		83		
·			3 3 Pest	inc of last wi	THE ONLY
					FL
11. Pursuant	to the provisions of Sections 607.05l	02 and 607.1508, Florida Statue of Florida Statue	ites, the above-named cor	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statutes.	meno Board of Amedical Principles y Books	, the appointment as regions.
SIGNATURE		and the second of the second o	e james e comme amo como practico describado en commencio		
12.	Signature, typed or printed name of registered ag	ID DIRECTORS	If Registered Agent a gnature requ	ired when re-instaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE	n \	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	NETTLOW, DANI SUE		1.2 NAME		
STREET ADDRESS	2420 89TH AVE SE		1.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN PL 33570		1.4 CITY - ST - ZIP	1	
TITLE	0	DELETE	217000	VD 4 50 1140 9	Change Addition
NAME	COUNCIL, SANDRA R		2 2 NAME	Council, JANORA	ر ا
STREET ADDRESS	102-A W. SHELLPOINT RD		2.3 STREET ADDRESS	102.A W. Shellpoll	ne ar
CITY-ST-ZIP	RUSKIN FL 33570		2. 4 CrTY-ST-ZIP	Council SANOLA P 102-A W. Shellpoll Ruskin Fi	33510
TITLE	D	☐ DELĒTE	3.1 TITLE		Change Addition
NAME	Davis, anne w		3.2 NAME	NAIS IN DAVIS	
STREET ADDRESS	414 4TH ST SW		3 3 STREET ADDRESS	11111 =4 =11	
CITY-ST-ZIP	RUSKIN FL 33570		3.4. CITY-ST-ZIP	MNE W. DAVIS 14 4th, 36 5W Justin, fc 33570	
TITLE		☐ DELETE	41 10LE <b>K</b>	USCIN, TO 33370	☐ Change ☐ Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T December	4.4 City-St-ZiP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	[		5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	<del></del>	: Addition
TITLE		☐ DELETE	6 I TITLE		Change Addition
NAME	· · •		6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CHTY - ST - ZIP		

14. I do hereby certify that the information supplied with this filling 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 porporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name