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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000035551 (6)

1. Corporation Name
RUBY T'S, INC.



Principal Place of Business
3020 57TH STREET SOUTH
GULFPORT FL 33707

Mailing Address
3020 57TH STREET SOUTH
GULFPORT FL 33707-5707

2. Principal Place of Business
21 1508 51 St. So.
Suite, Apt. #, etc.
22
City & State
23 GULFPORT, FL.
Zip Country
24 33707 25 USA
26 3020 57 St. So.
Suite, Apt. #, etc.
27
City & State
28 GULFPORT, FL.
Zip Country
29 33707 30 USA

3. Date Incorporated or Qualified 04/22/1996
3a. Date of Last Report
4. FEI Number 59-337-9639
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIGMAN, THOMAS F
3020 57TH STREET SOUTH
GULFPORT FL 33707

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME SIGMAN, THOMAS
STREET ADDRESS 3020 57TH STREET SOUTH
CITY - ST - ZIP GULFPORT FL 33707
TITLE V
NAME HABERSTICK, MICHAEL
STREET ADDRESS 3020 57TH STREET SOUTH
CITY - ST - ZIP GULFPORT FL 33707
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
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NAME
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NAME
STREET ADDRESS
CITY - ST - ZIP

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY - ST - ZIP
2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY - ST - ZIP
3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY - ST - ZIP
4. TITLE
4. NAME
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5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY - ST - ZIP
6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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 file 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: Thomas Sigman THOMAS SIGMAN

4-29-97

(813) 387-0013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

007607

CR2E034 (9/96)