

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000042621 (8)

1. Corporation Name
RURAL & URBAN RESOURCES INC.

Principal Place of Business

10815 NW 270TH AVE
ALACHUA FL 32615

Mailing Address

10815 NW 270TH AVE
ALACHUA FL 32615-3522

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

Country

24 Zip

29 Zip

Country

9. Name and Address of Current Registered Agent

JOHNSTON, PANSY D
10815 NW 270TH AVE
ALACHUA FL 32615

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
05/13/1996

3a. Date of Last Report
— NA —

4. FEI Number
59-3383400

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

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

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHNSTON, PANSY D. 10815 NW 270 Ave. ALACHUN, FL 32615
NAME	JOHNSTON, PANSY D	
STREET ADDRESS	10815 NW 270TH AVE	
CITY-ST-ZIP	ALACHUA FL 32615	
<input type="checkbox"/> DELETE		
TITLE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<input type="checkbox"/> DELETE		
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
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STREET ADDRESS		
CITY-ST-ZIP		
<input type="checkbox"/> DELETE		
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<input type="checkbox"/> DELETE		
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<input type="checkbox"/> DELETE		
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do 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: *Pansy D. Johnston* (Pansy D. Johnston) 4/18/97 904-467-9169

CR2E034 (9/96)