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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042621 (8)

RURAL & URBAN RESOURCES INC.

Principal Place of Business Mailing Address

FILED May 14 1998 8:00am Secretary of State



ALACHUA FL	OTH AVE 32915	10815 NW 270TH AVE ALACHUA FL 32815			DO NOT WRITE 3. Date Incorporated or Qualified	E IN THIS SI	PACE	au, <u>, , , ave</u>
					05/13/1996			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For
1		26	26		59-3383400			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	r		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 4	Country 25	7ip 29	Count	ry	8. This corporation owes or has pa Personal Property Tax due June		ent year] Yes	Intangible No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	egistered A	gent	
	H NS TON, PANSY D		8	1 Name				
10815 NW 270TH AVE ALACHUA FL 32615			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
			В	3		·	-	
			8	4 City		FL	85 Z	p Code
Diffice of re	a gistere o agont, or both, in the Stat	ie di Honda, Such ch ange wa s	s aumorizeo i	by the corpora	ation's board of directors. I hereby accep	pt the appo	iintment a	as registered
SIGNATURE	m familiar with, and accept the oblig				uired when reinstating)	DATE		
SIGNATURE	Signature, typed or protest mane of registered as OFFICERS Af	gert and filtert opplicable (NO NO DIRECTORS				DATE		
SIGNATURE	Signature, typed or protect many of registered at OFFICERS AT PVTS	gert and bile if applicable (NC	TE Registered A	geni signalure requ	uired when reinstating)	DATE		DRS IN 12
SIGNATURE 12, TITLE	Signature, typed or probed name of registered at PVTS PVTS JOHNSTON, PANSY D	gert and filtert opplicable (NO NO DIRECTORS	TE Registered A	gent signature requ	uired when reinstating)	DATE	DIRECTO	DRS IN 12
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SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or probed name of registered at PVTS PVTS JOHNSTON, PANSY D	gert and filler (ppl) cable (NS NO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY	gent signature requirements E ADDRESS -SI-ZIP	uired when reinstating)	DATE CERS AND	DIRECTO	DRS IN 12
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Indicated on this armual report or supplemental annual report is frue 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: Panoy W. Johnston, hus.

PANSY D. Johnston

4/29/98

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