

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 # P96000099495 (9)

1. Corporation Name

RUDD FINANCIAL INC.

FILED

97 APR 30 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2320 MONROE STREET  
TALLAHASSEE FL 32303

Mailing Address

2320 MONROE STREET  
TALLAHASSEE FL 32303-4734

2. Principal Place of Business

21 RT 2 BOX 1000

Suite, Apt. #, etc.

22 City & State

23 HAVANA FL

24 32333

Country

25 GADSDEN

2a. Mailing Address

26 RT 2 BOX 1000

Suite, Apt. #, etc.

27 City & State

28 HAVANA FL

29 32333

Country

30 GADSDEN

9. Name and Address of Current Registered Agent

RUDD, LAMAR  
2320 MONROE STREET  
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

12/10/1996

3a. Date of Last Report

4. FEI Number

59-3219866

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

10. Name and Address of New Registered Agent

81 Name

LAMAR RUDD

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

RT 2 BOX 1000

83

84 City

HAVANA

FL

85 Zip Code

32333

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 provisions 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 PSD ☐ DELETE

NAME RUDD, LAMAR  
STREET ADDRESS POST OFFICE BOX 38217 N/A  
CITY-ST-ZIP TALLAHASSEE FL 32315

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-31-97

Date

Daytime Phone # 6066263

CR2E034 (9/96)