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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90106 042 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000099526

1. Corporation Name
RUHL & ASSOCIATES, INC.



Principal Place of Business

**814 SATINLEAF AVENUE
 OLDSMAR FL 34677
 US**

Mailing Address

**814 SATINLEAF AVENUE
 OLDSMAR FL 34677
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

59-3414682

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 owes the current year Intangible
 Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2976 Compton Court

2a. Mailing Address

26 2976 Compton Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 33761 25 USA

Zip

29 33761 30 USA

9. Name and Address of Current Registered Agent

**BAILEY, E B
 814 SANTINLEAF AVENUE
 OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

81 Name Jean E Bailey
82 Street Address (P.O. Box Number is Not Acceptable)
2976 Compton Court
83
84 City Clearwater FL 85 Zip Code 33761

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:

Thomas J. Bailey Thomas J. Bailey President

4/23/99

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 ☐ DELETE

**NAME DPT
 BAILEY, THOMAS J
 STREET ADDRESS 814 SATINLEAF AVENUE
 CITY-ST-ZIP OLDSMAR FL 34677**

TITLE ☐ DELETE

**NAME DVPS
 BAILEY, JEAN E
 STREET ADDRESS 814 SATINLEAF AVENUE
 CITY-ST-ZIP OLDSMAR FL 34677**

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 DPT
 Bailey, Thomas J
 1.3 STREET ADDRESS 2976 Compton Court
 1.4 CITY-ST-ZIP Clearwater, FL 33761**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME DVPS
 Bailey, Jean E
 2.3 STREET ADDRESS 2976 Compton Court
 2.4 CITY-ST-ZIP Clearwater, FL 33761**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Thomas J. Bailey Thomas J. Bailey 4/23/99 727 712-8557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)