## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name P97000034840 (3)

RUST PROPERTIES, INC.

## **FILED** Jul 22 1998 8:00am Secretary of State

Principal Place of Business   Mailing Address   1/14 (ARY PD   LAKEAND FL 3900)   1/14 (ARY PD   LAKEAND F									
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2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For									
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2. Principal Flace of Business   2a. Malling Address   2b.   2c.									
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Suite, Apt. #, etc.    Suite, Apt. #, etc.	_ ·	lace of Busi	ness	<b>├</b> ──¬	h				4. FEI Number Applied For
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City & State 23	<del></del>	#, etc.		<u></u> ⊢1	├-¬ ' ' '				
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28									
BERTRAND, ROBERT J ONE LAKE MORTON DR LAKE LAND FL 33801  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its 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 alm familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the aboven-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 alm familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  **SIGNATURE**  **Begisteria, pyset or proteon name of registered agent and state if applicable*  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17ITLE  **DELETE**  1.1 TITLE  **DELETE**  1.2 TITLE  **DELETE**  2.1 TITLE  **DELETE**  2.1 TITLE  **DELETE**  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  **DELETE**  3.1 TITLE  **DELETE**  3.1 TITLE  **DELETE**  3.2 NAME  3.3 SIREET ADDRESS  CITY-ST-ZIP  TITLE  **DELETE**  3.1 TITLE  **DELETE**  3.1 TITLE  **DELETE**  3.2 NAME  3.3 SIREET ADDRESS  CITY-ST-ZIP  TITLE  **DELETE**  3.1 TITLE  **DELETE**  3.1 TITLE  **DELETE**  3.2 NAME  3.3 SIREET ADDRESS  CITY-ST-ZIP  TITLE  **DELETE**  3.4 NAME  3.5 SIREET ADDRESS  CITY-ST-ZIP  TITLE  **DELETE**  3.5 TITLE	_ `		<u></u>	1	۲	——————————————————————————————————————			
BERTRAND, ROBERT J ONE LAKE MORTON DR LAKELAND FL 33801  82   Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   Zip Code  11. Pursuant to the provisions of sections 507.0502 and 507.1508, Florida Statute, the above-named corporation autemits this statement for the purpose of changing its 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, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. NAME  12. NAME  12. NAME  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST.ZIP  17.41 GARY RD	24]	9. Name	<del></del>		ed Agent	<u> </u> 30]	Γ.		
ONE LAKE MORTON DR LAKE LAND FL 33801  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City	BED'						81	Name	
LAKELAND FL 33801    Ba							L		
State   Stat								Street A	Address (P.O. Box Number is Not Acceptable)
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 agent. I am familiar with, and accept the obligations of, section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0502, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and their # applicable (INTE Registered Agent signature required when reinstiting)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11ILE  RUST, MARK  12.NAME  RUST, MARK  12.NAME  14.CITY-ST-ZIP  11.TILE  1.TITLE	LAN	COMIN LE	33001				83		
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 agent. I am familiar with, and accept the obligations of, section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0502, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and their # applicable (INTE Registered Agent signature required when reinstiting)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11ILE  RUST, MARK  12.NAME  RUST, MARK  12.NAME  14.CITY-ST-ZIP  11.TILE  1.TITLE									
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Signature, typed or principle apent and thire if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  RUST, MARK  1741 GARY RD  LAKELAND FL 33801  1.4 CITYST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  CHANGE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  Addition  Add	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								
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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.

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