SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90027 042 ***550.00

RUST PROPERTIES, INC.						298/31 - 3004/	·	
							? (MATINET) (A (A)(1) AA(1) BA(1) BA(1) AA	
Principal Place	e of Business	Mailing Add	iress) (98/189) 1/4 (9/1) (89/1 98/1) 98/11 68/11 68	188 Hill 21221 (21): 212H 22H 1201
1741 GARY RD 1741 GARY RD								
LAKELAND FL 33801 LAKELAND FL 33801								
							DO NOT WRITE IN THI	S SPACE
							3. Date Incorporated or Qualified 04/15/1997	
B D=====1 DI		2a. Mailing	Address				4. FEI Number	Applied For
 -	ace of Business	— <u> </u>	Address				65-0804831	Not Applicable
Suite Ant	# etc	26 Suite A	pt. #, etc.				00 000 1001	\$8.75 Additional
Suite, Apt. #, etc.		<u> </u>	27				5. Certificate of Status Desired	Fee Required
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be
23		28	h—, ·				Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Coun	ntry		8. This corporation owes the current year	
24	25	29		30			Intangible Personal Property.	Yes No
	9. Name and Address of Curre	ent Registered Ag	jent				10. Name and Address of New Registere	d Agent
DCD	TOAND DOREDT I			}	81 N	lame		
BERTRAND, ROBERT J ONE LAKE MORTON DR			ļ.	82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
	ELAND FL 33801							
£AN.	ELAND FE 33001				83			
				}	84 C	ity		85 Zip Code
				i	ļ	•	F	L
11. Pursuant	to the provisions of sections 607.05	502 and 607.1508, I	Florida Statute	s, the abo	ve-nar	ned corpora	ation submits this statement for the purpose of n's board of directors. I hereby accept the app	changing its registered
agent, I a	am familiar with, and accept the obli	igations of section	607 0505 Flo	rida Statu	by use	COIPOIDA	in a board of directors. Thereby decept the app	ominion as registeres
		gationio oi, opotioni	007.0000, 110	mua Statu	ites.			
SIGNATURE .								
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.		OTE: Registere		signature requir	red when reinstating) DATE	NID DIDECTORS IN 42
SIGNATURE	Signature, typed or printed name of registered ag		(NC	OTE: Registere	ed Agent	signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
SIGNATURE .	Signature, typed or printed name of registered ag OFFICERS A	gent and title if applicable.		TE: Registere 13.	ed Agent	signature requir		AND DIRECTORS IN 12 Change Addition
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A D RUST, MARK	gent and title if applicable.	(NC	13. 1.1 TITL 1.2 NAM	ed Agent E			
SIGNATURE . 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D RUST, MARK 1741 GARY RD	gent and title if applicable.	(NC	13. 1.1 TITL 1.2 NAA 1.3 STR	ed Agent E. ÆE EET ADD			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A D RUST, MARK	gent and title if applicable.	DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	ed Agent E //E EET ADD Y-ST-ZIP			Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D RUST, MARK 1741 GARY RD LAKELAND FL 33801	gent and title if applicable.	DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	E EET ADD Y-ST-ZIP E ME EET ADD	RESS		Change Addition
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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.

SIGNATURE:

Date