	Jul 23, 2002 8:00 am Secretary of State 07-23-2002 90326 027 ***150.00
Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country       Zip         Country       Zip       Country         6. Name and Address of Current Registered Agent       7. Name         VOYLES, RUSSELL       Name         102 E 15TH STREET       Street Address (P.O. Box         PANAMA CITY FL 32405       City         8. Che above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.       (NOTE: Registered Agent signature registered agent, the obligations of registered agent.         SIGNATURE       Suptaker, typed or printed name of registered agent and the if apokable.       (NOTE: Registered Agent signature registered agent, the obligations of registered agent.         SIGNATURE       Sequence, the obligations of registered agent.       (NOTE: Registered Agent signature registered agent, the obligations of registered agent, the obligations of registered agent.       (NOTE: Registered Agent signature registered agent, the obligations of registered agent, the obligations of registered agent.         SIGNATURE       Sequence, the obligation of registered agent, the obligation of registered agent, the obligation of registered agent, the obligation of registered agent.         SIGNATURE       OPFICERS AND DIPECTORS       12.       ADDIT         The Signature, Register Address       Inter Signature, Registere Address, Inter Ad	0/100/ 170 10101 20275 00117 00117 00117 00102 112)0 02211 03802 11002 1012 101
City & State City	
Zip       Country       Zip       Country       8. Cert         6. Name and Address of Current Registered Agent       Name       7. Nam         VOYLES, RUSSELL       Street Address (P.O. Box       Name         102 E 15TH STREET       Street Address (P.O. Box       City         A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.       (NOTE: Registered Agent signature registered agent, the obligations of registered agent.         30. This corporation is eligible to satisfy its Intangible       After September 13, 2002 Fee will be \$750.00       1         31. OFFICERS AND DIRECTORS       12       ADDIT         12. OFFICERS AND DIRECTORS       12       ADDIT         13. OFFICERS AND DIRECTORS       12       ADDIT         14. ESTAND BERGENDAGES       STREET ADDRESS       City - ST-2P         14. ESTAND CITY FL       Colores       TILE         14. MARE       STREET ADDRESS       STREET ADDRESS         15. ADDRESS       STREET ADDRESS       STREET ADDRESS         16. MARE       STREET ADDRESS       STRE	DO NOT WRITE IN THIS SPACE
COUNTY     S. Cerr     G. Name and Address of Current Registered Agent     T. Name     VOYLES, RUSSELL     102 E 15TH STREET     PANAMA CITY FL 32405     City      A. The above named entity submits this statement for the purpose of changing its registered office or registered agent,     the obligations of registered agent.     (NOTE: Registered Agent aignature registered agent,     the obligations of registered agent.     (NOTE: Registered Agent aignature registered agent,     the obligations of registered agent.     (NOTE: Registered Agent aignature registered agent,     the obligations of registered agent.     (NOTE: Registered Agent aignature registered agent,     the obligations of registered agent.     (NOTE: Registered Agent aignature registered agent,     the obligations of registered agent.     (NOTE: Registered Agent aignature registered agent,     the obligations of registered agent.     (NOTE: Registered Agent aignature registered agent,     (NOTE: Registered Agent aignature registered agent,     (NOTE: Registered Agent aignature registered agent,     the obligations of registered agent,     (NOTE: Registered Agent aignature registered agent,     (NOTE: Registered Agent agent,     (NOTE: Registered Agent,     (NOTE: Registered Agent,     (NOTE: Registered Agent,     (NOTE: Registered Agent,     (NOTE: Registered,     (NOTE:	33 34300 13
VOYLES, RUSSELL     Name       102 E 15TH STREET     Street Address (P.O. Box       PANAMA CITY FL 32405     City       3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.     City       3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.     (NOTE: flegistered Agent signature required when relieve       3/CNATURE     Signature, typed or printed name of registered agent and tite if applicable.     (NOTE: flegistered Agent signature required when relieve       9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.     Street Address (D.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O	te of Status Desired Status Desired Fee Required
VOYLES, RUSSELL       Street Address (P.O. Box         102 E 15TH STREET       City         PANAMA CITY FL 32405       City         City       City         • The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.       (MOTE: Registered Agent signature registered agent, the obligations of registered agent.         IGNATURE       Signature, typed or printed name of registered agent and tits if applicable.       (MOTE: Registered Agent signature registered when release.         A. This corporation is eligible to satisfy its Intargible Tax filing requirement and elects to do so.       After September 13, 2002 Fee will be \$750.00       1         Make Check Payable to Department of State       Make Check Payable to Department of State       1         No OFFICERS AND DIRECTORS       12.       ADDIT         Me       VOYLES, RUSSELL JR       Delete       TITLE         Neter ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         VOYLES, RUSSELL JR       Delete       TITLE       NAME         Me ERFADDRESS       8819 E HAYHEAD CT       YOUNGSTOWN FL       Make Check Payable to Department of State         VE EFE ADDRESS       STRET ADDRESS       STRET ADDRESS       STRET ADDRESS         Y-ST-2P       Delete       TITLE       NAME	d Address of New Registered Agent
The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.  IGNATURE  Bignature, typed or printed name of registered agent and tills if applicable.  (NOTE: Registered Agent signature required when reinstate agent, the obligation of registered agent, the obligations of registered agent.  IGNATURE  Bignature, typed or printed name of registered agent and tills if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NOTE: Registered Agent signature required when reinstate acting agent and ellis if applicable.  (NAME STREET ADDRESS CITY-ST-ZIP  (If a strain actrian acting agent and ellis if applicable.  (NAME STREET ADDRESS	ber is Not Acceptable)
Bignature, typed or printed nerve of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinate         2. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW !!! FEE IS \$550.00       1         3. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       After September 13, 2002 Fee will be \$750.00       1         1.       OFFICERS AND DIRECTORS       12.       ADDIT         1.       OFFICERS AND DIRECTORS       12.       ADDIT         NME       102 E 15TH ST PANAMA CITY FL       Delete       TITLE         NME       8819 E HAYHEAD CT YOUNGSTOWN FL       CITY-ST-ZIP       STRET ADDRESS         I'Le       Delete       TITLE       NAME         REET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         LE       Delete       TITLE       NAME         REET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         LE       Delete       TITLE       NAME       STRET ADDRESS         Y-ST-ZIP       Delete       TITLE       NAME       STRET ADDRESS         Y-ST-ZIP       Delete       TITLE       NAME       STRET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP	Zip Code
IGNATURE  Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when relinsta Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  I. ADDIT  IE NAME SIREET ADDRESS V-ST-ZIP  IE ALTMAN, RENEE S 8819 E HAYHEAD CT YOUNGSTOWN FL  IE ME REET ADDRESS V-ST-ZIP  IE ALTMAN, RENEE S 819 E HAYHEAD CT YOUNGSTOWN FL  IE ME REET ADDRESS V-ST-ZIP  IE ALTMAN, RENEE S 819 E HAYHEAD CT YOUNGSTOWN FL  IE ME REET ADDRESS V-ST-ZIP  IE ALTMAN, RENEE S 819 E HAYHEAD CT YOUNGSTOWN FL  IE ME REET ADDRESS V-ST-ZIP  IE ALTMAN, RENEE S 819 E HAYHEAD CT YOUNGSTOWN FL  IE ALTMAN IIII ALTMAN IIIII ALTMAN IIIII ALTMAN IIIII ALTMAN IIIIIIIIIIIIIIIIIII ALTMAN IIIIIIIIIIIIIIIIIIIIIIIIII	
LE     P     Christerio mice binicities     Tz.     ADDIT       ME     VOYLES, RUSSELL JR     Indextor binics     Delete     Title     NAME       REET ADDRESS     102 E 15TH ST     STREET ADDRESS     STREET ADDRESS     Citry-st-zip       LE     S     ALTMAN, RENEE S     Street ADDRESS     Citry-st-zip       ME     ALTMAN, RENEE S     Street ADDRESS     Citry-st-zip       VOUNGSTOWN FL     Citry-st-zip     Citry-st-zip     Citry-st-zip       LE     VOUNGSTOWN FL     Delete     TitLe       NAME     STREET ADDRESS     Street ADDRESS     Citry-st-zip       VOUNGSTOWN FL     Delete     TitLe     NAME       REET ADDRESS     Y-ST-zip     Citry-st-zip     Citry-st-zip       LE     Delete     TitLe     NAME       STREET ADDRESS     Street ADDRESS     Citry-st-zip       LE     Delete     TitLe     NAME       Street ADDRESS     Citry-st-zip     Citry-st-zip     Citry-st-zip       LE     Delete     TitLe     NAME       Street ADDRESS     Citry-st-zip     Citry-st-zip       LE     Delete     TitLe     NAME       Street ADDRESS     Citry-st-zip     Citry-st-zip       E     Delete     TitLe     NAME<	DATE  Lection Campaign Financing  struct Fund Contribution.  DATE  Struct  Added to Fees
ME     VOYLES, RUSSELL JR     International internatinternational international international	CHANGES TO OFFICERS AND DIRECTORS IN 11
ALTMAN, RENEE S     ALTMAN, RENEE S     NAME       REET ADDRESS     8819 E HAYHEAD CT     STREET ADDRESS       YY-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP	Change Addition
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	Change Addition
RE NAME EET ADDRESS -ST-ZIP CITY-ST-ZIP	Change Addition
. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida St changed, or on an attachment with an address, with all other like empowered.	<ol> <li>Florida Statutes. I further certify that the information t as if made under oath; that I am an officer or director s; and that my name appears in Block 11 or Block 12 if</li> </ol>

AHachment

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July 13, 2002

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Rusty's Place, INC. 102 E. 15<sup>th</sup> Street Panama City, FL. 32405

Division of Corporations Uniform Business Report Filings P.O.Box 1500 Tallahassee, FL. 32302-1500

RE: 2002 Uniform Business Report

To Whom It May Concern,

Rusty's Place, INC. received the 2002 Uniform Business Report Stating we owed a late fee in the amount of \$400.00, making the total amount we owe \$550.00. Rusty's Place, INC. never received the first notice. Upon calling the 850-488-9000 number and speaking with a representative concerning this matter; I was advised by the representative to write this letter asking that the \$400.00 late fee please be waived.

Enclosed is a check in the amount of \$150.00, the original amountdue.

Sincerely,

Russell O. Voyles, JR. President