

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION REPORT
ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # S12050

(8)

22 MAY -1 PM 10:05

RUSSUM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO BOX 90277
LAKELAND FL 33804

PO BOX 90277
LAKELAND FL 33804

ORIGINAL WHITE IN THIS SPACE

2. Previous Fiscal Year		2a. Mailing Address		3. Date of Incorporation (or Reincorporation)		3a. Date of Last Report	
21		26		11/07/1990		07/12/1994	
22. State of Incorporation		27. State of Mailing		4. FIC Number		Applied For	
22		27		59-3045477		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		[] \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		[] \$5.00 May Be Added to Fees	
24. FIC Number		29. FIC Number		7. This corporation has agreed to the integrated fee under the 1994 Florida Statutes		[] Yes [] No	
24		29		30			

9. Name and Address of Current Registered Agent

BYWATER, JOSEPH G.
1828 S. FLORIDA AVENUE
LAKELAND FL 33806

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the information required by Chapter 207, Florida Statutes, for the purpose of changing its registered office or registered agent. I am a duly qualified officer or director of the corporation and I am authorized to sign this statement on behalf of the corporation.

Signature

Print Name of Registered Agent

Print Name of New Registered Agent

File

12. OFFICE FOR ADDITIONAL FEES		13. ADDITIONAL FEES FOR ADDITIONAL OFFICES	
NAME	DP	NAME	
STREET ADDRESS	RUSSUM, BEVERLY H.	STREET ADDRESS	
CITY	2680 KNIGHTS STATION RD.	CITY	
STATE	LAKELAND FL	STATE	
NAME	VPD	NAME	
STREET ADDRESS	RUSSUM, BRADFORD G	STREET ADDRESS	
CITY	2680 KNIGHTS STATION RD.	CITY	
STATE	LAKELAND FL	STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the confidential treatment under Section 219.01(2)(a), Florida Statutes. I further certify that the information supplied on the 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 authorized officer empowered to make this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on an attachment with address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY H. RUSSUM 428-95 R(13)
682-2506