

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Tara B. Mumford
Secretary of State

APPROVED
AND
FILED

DOCUMENT # S12328

(8)

1. Registered Agent

AUGUST THIRTY, INC.

1995-1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Previous Office Address

P O BOX 3304
PO BOX 3304
SARASOTA FL 34230

3. Mailing Address

P O BOX 3304
SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Prepared or Amended 11/13/1990 3a. Date of Last Report 04/28/1994

4. F.I. Number 65-0230790 Applied For Not Applicable

5. Certificate of Status Due Date 02 \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation has liability for adoption has waived to 1992 (15) Florida Statutes Yes No

2. Previous Office Address

21 1800 2ND STREET

22 # 895

23 City, State

23 Sarasota, FL

24 34236

25 Sarasota

26 30

26. Mailing Address

26 1800 2ND STREET

27 # 895

28 City, State

28 Sarasota, FL

29 34236

30 30

9. Name and Address of Current Registered Agent

WALLACH, JORDAN L.
1800 SECOND STREET
SUITE 870
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name Debra Salisbury, Attorney At Law

82 Street Address (P.O. Box Number is Not Applicable) 1800 Second Street

83 Suite 870

84 City Sarasota

85 FL 34236

11. Pursuant to the provisions of Sections 601.04(1) and 601.15(1), 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 601.15(2), Florida Statutes.

SIGNATURE x Debra Salisbury

Debra M. Salisbury

x 4/10/95

12. OFFICERS AND DIRECTORS

12.1 NAME

D SHARBY, BEVERLY
7514 CASTLE DRIVE
SARASOTA FL

12.2 NAME

12.3 NAME

12.4 NAME

12.5 NAME

12.6 NAME

12.7 NAME

12.8 NAME

12.9 NAME

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12.12 NAME

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12.25 NAME

12.26 NAME

12.27 NAME

12.28 NAME

12.29 NAME

12.30 NAME

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1 NAME

13.2 NAME

13.3 NAME

13.4 NAME

13.5 NAME

13.6 NAME

13.7 NAME

13.8 NAME

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13.30 NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 601.15(1)(b), Florida Statutes. Furthermore, that the information indicated 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 receiver or trustee or executor of an estate and that I am filing this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Beverly Sharby

4-3-95

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gonzalo B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S12705** (7)

1. Corporation Name
RUSKIN FEED AND SUPPLY, INC.

Principal Place of Business
**302 U.S. HWY 41 NORTH
RUSKIN FL 33570**

Mailing Address
**302 U.S. HWY 41 NORTH
RUSKIN FL 33570**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/07/1990** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3036264

Applied For
Not Applicable

State Apt. # etc.

State Apt. # etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22

27

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23

28

24

29

7. This corporation has existing non-exempted tax under 26 U.S.C. 511 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KATHY E. WILES
302 U.S. HWY 41 NORTH
3920 33RD ST., SE
RUSKIN FL 33570**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 Sections 607.0607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
WILES, KATHY
3920 33RD ST, SE
RUSKIN FL**

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VSD
WILES, DAVID B.
3920 33RD ST., SE
RUSKIN FL**

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 3.101(2)(b), Florida Statutes. I further certify that the information contained 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 this corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, or Block 1b, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (813) 645-8817