

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # S16545

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1. Corporation Name

RUKAB & ASSOCIATES, INC.

Principal Place of Business

1482 SOUTH THIRD ST
JACKSONVILLE FL 32250
US

Mailing Address

1482 SOUTH THIRD ST
JACKSONVILLE FL 32250
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1990

3a. Date of Last Report

04/15/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3038659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 100.022,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKEL, EDWARD C.
ONE INDEPENDENT DR
2301 INDEPENDENT SQ
JACKSONVILLE FL 32202

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 607.0502 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME RUKAB, TONY M
STREET ADDRESS 1490 SOUTH THIRD ST.
CITY-ST-ZIP JACKSONVILLE BCH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1482 South Third St

TITLE D
NAME RUKAB, TONY M.
STREET ADDRESS 1490 SOUTH THIRD ST.
CITY-ST-ZIP JACKSONVILLE BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

1482 South Third St

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

Shirley M. White Pres.

4/14/95

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