

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
www.flsos.state.fl.us

APPROVED
AND
FILED

DOCUMENT # S19771 (2)

R. S. RUSSO MANAGEMENT COMPANY, INC.

SE MAY -1 PM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2645 STATE ROAD 590
CLEARWATER FL 34619

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CLEARWATER FL 34619

DATE OF FILING: THIS SPACE

2. Filing of Report		2a. Filing of Report		3. Date of Report (Required)		3a. Date of Last Report	
21. Filing of Report		26. Filing of Report		12/17/1990		04/21/1994	
22. Filing of Report		27. Filing of Report		4. Filing of Report		Applied Fee	
23. Filing of Report		28. Filing of Report		59-3041970		Not Applicable	
24. Filing of Report		29. Filing of Report		5. Certificate of State (Desired)		\$8.75 Additional Fee Required	
25. Filing of Report		30. Filing of Report		6. Election Campaign Expense		\$5.00 May Be Added to Fees	
26. Filing of Report		31. Filing of Report		7. This corporation has liability for information under the Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HICKS, RONALD L 2645 STATE ROAD 590 CLEARWATER FL 34619				81. Name			
				82. Street Address, P.O. Box Number or Post Office			
				83. City			
				84. State			
				FL 85. Zip Code			
11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing information is true and correct, and that the same is in accordance with the provisions of the Florida Statutes, Chapter 607, Florida Statutes, and that the same is in accordance with the provisions of the Florida Statutes, Chapter 607, Florida Statutes.							

12. OFFICERS, AGENTS, AND DIRECTORS		13. ADDITIONAL OFFICERS, AGENTS, AND DIRECTORS	
NAME: PD HICKS, RONALD L 2645 SR 590 CLEARWATER FL 34619 TITLE: SD HICKS, ASSUNTA 2645 SR 590 CLEARWATER FL 34619		NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the same is in accordance with the provisions of the Florida Statutes, Chapter 607, Florida Statutes, and that the same is in accordance with the provisions of the Florida Statutes, Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]* **RONALD L. HICKS** 4-24-95 813 796 5457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR