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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # S27528

(6)

RUSCH INDUSTRIES OF TAMPA, INC.

Principal Place of Business	Mailing Address				
4616 N HESPRIDES TAMPA FL 33614 US	P O BOX 15606 TAMPA FL 33684				
	US	3. Date incorporated or Qualified 01/28/1991	3a. Date of L. 04/28/		
2. Principal Place of Business	2a. Mailing Address	4, FEI Number			Applie
21	26	59-3045770			Not A

22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			LLAN MATERIAL TO THE STATE OF T	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	City & State	City 8 State 6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees					
24	Zip	Country 25	29	Zip	30	Country		7	s 🔲 No	
1	g, Nan	ne and Address of Cu	rrent Registe	ered Agent				10. Name and Address of New	Registere	d Agent
				\	-	81	Name			
USCHOLD, ROBERT D. 1009 OAKRIDGE MANOR DR				8:2	Street Addre	ess (P.O. Box Number is Not Accepta	ible)			
	BRANDON FL 33					83				
						8.4	City		F	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	DELETE	1. 1 THE		Change	Addit on
NAME	USCHOLD, ROBERT D.		1.2 NAM			
STREET ADDRESS	1009 OAKRIDGE MANOR DR.		1.3 STRE I ADDRESS			
CITY - ST - ZIP	BRANDON FL		1.4 CHY SI-20F			
TITLE		☐ DELETE	2 1 THL	V/S/D	Change	Addition
NAME			2 2 NAM	USCHOLD, JUDITH A		
STREET ADDRESS			2.3 STRE: T ADDRESS	1009 Oakridge Manor Di	cive	
CITY - ST - ZIP			24 CITY ST-ZIP	Brandon, FLorida 3351		
TITLE		☐ DELETE	3 1 TITL		Change	Addition Addition
NAM:E			3.2 NAM			
STREET ADDRESS			33 STH ET ADDRESS			
CITY-ST-ZIP			3.4 CITY ST-ZIP			
TITLE		☐ DEL€ TE	4 1 TITL:		Change	Addition
NAME			4.2 NAV			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY ST-7:P			
TITLE		☐ DEFEIE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 City -ST-ZiP		<u>-</u>	
TIFLE		☐ DELETE	6 1 1111 :		☐ Change	Add tion
NAME			6.2 NAN [
STREET ADDRESS			€ 3 STREET ADDRESS			
CITY-ST-ZIP			6 4 C+TY + ST - Z+P			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dives not qualify for the exemption stated in Section 119.07(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 empowers I to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attainment with an approach.

SIGNATURE:

HE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT D HSCHOLD

April 23, 1996 813-876-9026

Applied For Not Applicable