

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -5 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S71277 (5)

1. Corporation Name
KURT RUPPERT ENTERPRISES, INC.

Principal Place of Business
**814 WEST MADISON STREET
LAKE CITY FL 32055**

Mailing Address
**814 WEST MADISON STREET
LAKE CITY FL 32055**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/07/1991** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business
21 **134 N. Marion St** 22. Mailing Address
26 **814 W Madison St**
23 **Lake City FL** 27 **Lake City FL**
24 **32055** 25 **USA** 29 **32055** 30 **USA**

4. FEI Number **59-3079672** Applied For
Not Applicable
5. Certificate of Status Desired **\$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 registration fee under s. 1903.01(7)
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RUPPERT, KURT E. SR.
814 WEST MADISON STREET
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Admittable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, 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 607.0607, Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ALTERNATE CONTACTS TO OFFICERS AND DIRECTORS (N/A) | |
|----------------------------|-----------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|
| NAME | PD RUPPERT, KURT E. SR. 814 WEST MADISON STREET LAKE CITY FL | PHONE | <input type="checkbox"/> Change <input type="checkbox"/> Assist |
| NAME | VD RUPPERT, MARY P. 814 WEST MADISON STREET LAKE CITY FL | PHONE | <input type="checkbox"/> Change <input type="checkbox"/> Assist |
| NAME | | PHONE | <input type="checkbox"/> Change <input type="checkbox"/> Assist |
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| NAME | | PHONE | <input type="checkbox"/> Change <input type="checkbox"/> Assist |

14. I have verified that the information filed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1903.01(7)(c), Florida Statutes. I further certify that the information submitted on this annual report or biennial report is true and correct and that my registration shall have the same legal effect as if made under oath. I warrant that no stock of this corporation or the shares of another corporation transferred to me on this report as required by Chapter 607, Florida Statutes, and that my name is correct. I warrant that if changed, it will be attached with an address.

SIGNATURE: *Mary P. Ruppert* Vice President 6/26/95 904/758-3088
SIGNATURE AND OFFICE OF PRINCIPAL OFFICER OR DIRECTOR
MARY P. RUPPERT, VICE PRESIDENT

CR2E034 (3/95)