FILE	NOW: FILING F	EE AFTER MA	Y 1 IS \$	225.00		
PROFIT CORPORATION		FLOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			
	AL REPORT	1 50N	Secretary of S	, ,		
DOCUN		1277	(5)			
1. Corporation	Name .		(0)			
KUHI	Ruppert enterpri	SES, INC.				
Principal Place	of Business	Mailing Addres	s			881   881 8181   <del>8</del> 181   8181   8181   8181   8181
134 N MARION STREET LAKE CITY FL 32055			814 W MADISON STREET LAKE CITY FL 32055			
US		US		•	3. Date Incorporated or Qualified 08/07/1991	3a. Date of Last Report 07/05/1995
2. Principal Plac	ce of Business	m	. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	, etc.	26 Suite, Apt.	≠, etc.	··	59-3079672 5. Certificate of Status Desired	Not Applicable   \$8.75 Additional
City & State	<b></b>	City & Stat			6. Election Campaign Financing	Fee Required \$5.00 May Be
<b>23</b> Zip	Country	28 Zip		Country	Trust Fund Contribution  8. This corporation has liability for	intangible tax under s 199.032,
24	25 9. Name and Address of C	29 Surrent Registered Agen	30		Florida Statutes  Yes  10. Name and Address of New I	
		——————————————————————————————————————		81 Name		
RUPPERT, KURT E., SR.  814 WEST MADISON STREET					ress (P.O. Box Number is Not Acceptal	ole)
	CITY FL 32055			83		
				84 City		E Zip Code
or registere	id agent, or both, in the State o	f Florida. Such change wa	s authorized by th	above-named corpo ne corporation's boa	ration submits this statement for the purely of directors. I hereby accept the app	rpose of changing its registered office ontonent as registered agent. I am
SIGNATURE _	n, and accept the obligations of					
12.	Signature, typed or printed name of registers OFFICER	stagent and too it applicable. IS AND DIRECTORS		ered Agent signature require  3.		DATE TICERS AND DIRECTORS IN 12
TITLE	PD	Di		. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	RUPPERT, KURT E., S 814 WEST MADISON			.2 NAME .3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL			4 CITY - ST - ZIP		
TITLE	VD	D	_	1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	RUPPERT, MARY P. 814 WEST MADISON	STREET		2 NAME 3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL			4 City-St-ZIP		
TITLE		[] D		1 TITLE		Change Addition
NAME STREET ADDRESS				2 NAME 3. STREET ADDRESS		
CITY-ST-ZIP				4 CITY-ST-ZIP		
TITLE	VERMIN AND THAIR MANY AND AND AN AND AND AND AND AN AND AN AND AND		LEI£ 4	1 TITLE	- 14 h Ann. 140 1 1 W - 140 1 Ann. 1	Change Addition
NAMÉ				2 NAME		
STREET ADDRESS				3 STREET ADDRESS		
CITY-ST-7P TITLE.				4 CHY+ST-ZIP 1 TITLE		Change Addition
NAME			5	.2 NAME		
STREET ADDRESS			5	.3 STREET ADDRESS		
CITY+S1-ZIP TITLE		Γ٦D		4 CITY-ST-ZIP		Change D Addition
NAME		ں رے	1	. 1 TITLE .2 NAME		Change Addition
STREET ADDRESS				3 STREET ADDRESS		
CITY-S1-ZIP		endikan dan adilik dahad sahiri terdirikan melangkan selah		4 CITY - ST-ZIP	,	
certify that	the information indicated on this	s annual report or suppler	iental annual rene	ort is true and accur	for the exemption stated in Section 119 ate and that my signature shall have the	same legal effect as if made under
oath; that I appears in	am an officer or director of the Block 12 or Block 13 if change	corporation or the receive id, or on an attachment wi	r or trustee empo In an address.	wered to execute th	is report as required by Chapter 607, F	iorida Statutes; and that my name
SIGNAT	IDE. MALL	PAJIAN	X 110		apr 28, 199	158-3088
SIGNAT	SIGNATURE AND TY	PED OR PRINTED NAME OF SIG	VING OFFICER OR DI	RECTOR	Date	Daytime Phone If