

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V46112

(1)

1. Corporation Name

J. D. RUFFIN ASSOCIATES, INC. II

Principal Place of Business

Mailing Address

P.O. BOX 14634
FT LAUDERDALE FL 33301

P.O. BOX 14634
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0359623

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 8589

26 P.O. Box 8589

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Coral Springs, FL

28 Coral Springs, FL

Zip

Country

Zip

Country

24 33075

25 Broward

29 33075

30 Broward

9. Name and Address of Current Registered Agent

RUFFIN, JOHN JR.
2330 N UNIVERSITY DR
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RUFFIN, JOHN W JR
STREET ADDRESS 4491 ROCK ISLAND RD
CITY - ST - ZIP FT LAUDERDALE FL

1.1 TITLE President
1.2 NAME Ruffin, Dorothy L.
1.3 STREET ADDRESS 9650 NW 42 ST
1.4 CITY - ST - ZIP Coral Springs, FL 33065

TITLE VPD
NAME RUFFIN, DOROTHY L
STREET ADDRESS 4431 ROCK ISLAND RD
CITY - ST - ZIP FT LAUDERDALE FL

2.1 TITLE Vice Pres. Sent
2.2 NAME John Ruffin, Jr.
2.3 STREET ADDRESS 9650 NW 42 ST
2.4 CITY - ST - ZIP Coral Springs, FL 33065

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 required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included 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 607, Florida Statutes; and that my name appears in Block 12 or 13 or 14 if changed or on an amendment with an address.

SIGNATURE:

[Signature] Vice President 2/10/95 305-345-8520
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR