

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 277636 (7)

1. Corporation Name
H.D. RUTLEDGE & SON, INC.



Principal Place of Business
**C/O HAROLD SKILLMAN
3834 S. EMERSON AVENUE
INDIANAPOLIS IN 46203**

Mailing Address
**C/O HAROLD SKILLMAN
3834 S. EMERSON AVENUE
INDIANAPOLIS IN 46203**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**CT CORPORATON SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33954**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

3. Date Incorporated or Organized **05/01/1964**
3a. Date of Last Report **01/31/1995**
4. FEI Number **59-1027902** 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
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0604, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SKILLMAN, HAROLD	
STREET ADDRESS	3834 S/ EMERSON AVE	
CITY, ST, ZIP	INDIANAPOLIS IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not conflict with the exemption statement in Section 119.06(3)(k), Florida Statutes. I further certify that the information indicated on this filing report is a complete and correct report to the State of Florida and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the secretary or authorized agent of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, whichever is appropriate.

SIGNATURE: *Harold A Skillman* C.E.O. 3/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)