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Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Candice B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816839 (5)
1. Corporation Name
R.F. TRUESDELL CO.



Principal Place of Business 6515 ANNO AVE. ORLANDO FL 32809	Mailing Address 6515 ANNO AVE. ORLANDO FL 32809-5081
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3. Date Incorporated or Qualified 09/30/1962	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21 18 3rd Street Suite, Apt. #, etc. 22 City & State 23 Biglerville, PA Zip 24 17307 Country 25 USA	2a. Mailing Address 26 18 3rd Street Suite, Apt. #, etc. 27 City & State 28 Biglerville, PA Zip 29 17307 Country 30 USA	4. FEI Number 34-0904278 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

MOSS, MARVIN I., P.A.
4651 SHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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


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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	
NAME	GERHART, PHYLLIS T	1.2 NAME	
STREET ADDRESS	6515 ANNO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	
TITLE	VSTO	2.1 TITLE	
NAME	ELIUS, GRETCHEN G.	2.2 NAME	
STREET ADDRESS	6515 ANNO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	MILLER, BETH	3.2 NAME	
STREET ADDRESS	6515 ANNO AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	GERHART, H.M. III	4.2 NAME	
STREET ADDRESS	6515 ANNO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  5/30/97 700-677-8020

CR2E034 (9/96)