

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 3: 33

DOCUMENT # **G20716** (8)

1. Corporation Name  
**TRUJILLO CONSTRUCTION, INC.**

Principal Place of Business Mailing Address  
248 SPIRIT LK. ROAD WEST 248 SPIRIT LK. ROAD WEST  
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified 01/24/1983 3a. Date of Last Report 01/29/1994

|                                |         |                     |         |   |  |                                |  |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 4. FEI Number   |  | Applied For                    |  |
| 21                             |         | 26                  |         | 59-2249935  |  | Not Applicable                 |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired  |  | \$8.75 Additional Fee Required |  |
| 22                             |         | 27                  |         | X   |  |                                |  |
| City & State                   |         | City & State        |         | 6. Election Campaign Financing Trust Fund Contribution                                  |  | \$5.00 May Be Added to Fees    |  |
| 23                             |         | 28                  |         |   |  |                                |  |
| Zip                            | Country | Zip                 | Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |  |                                |  |
| 24                             | 25      | 29                  | 30      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                |  |                                |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                     |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| TRUJILLO, GEORGE<br>3206 LK. HARTRIDGE DR.<br>WINTER HAVEN FL 33881 |  |  |  | B1 Name   |  |  |  |
|   |  |  |  | B2 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | B3  |  |  |  |
|   |  |  |  | B4 City   |  |  |  |
|   |  |  |  | FL B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | DPS                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | TRUJILLO, GEORGE L       | 1.2 NAME  |  |
| STREET ADDRESS             | 3206 LK. HARTRIDGE DR E. | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WINTER HAVEN FL          | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                        | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRANDY, TODD R.          | 2.2 NAME  |  |
| STREET ADDRESS             | 67 TOWER MANOR E.        | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | AUBURNDALE FL            | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DT                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | TRUJILLO, JUDITH M.      | 3.2 NAME  |  |
| STREET ADDRESS             | 3206 LK. HARTRIDGE DR E. | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WINTER HAVEN FL          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 4.2 NAME  |  |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 6.2 NAME  |  |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 appointed 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 addendum.

SIGNATURE: \_\_\_\_\_ DATE: 1-18-95  
Signature and typed or printed name of signing officer or director