

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G20716** (8)

1. Corporation Name
TRUJILLO CONSTRUCTION, INC.



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

3. Date Incorporated or Qualified: **01/24/1983**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-2248835**
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**TRUJILLO, GEORGE
3206 LK. HARTRIDGE DR.
WINTER HAVEN FL 33881**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUJILLO, GEORGE L	2. NAME	
STREET ADDRESS	3206 LK. HARTRIDGE DR. E.	3. STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN FL	4. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDY, TODD R.	22. NAME	
STREET ADDRESS	428 21ST STREET SW	23. STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN FL	24. CITY-STATE-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUJILLO, JUDITH M.	32. NAME	
STREET ADDRESS	3206 LK. HARTRIDGE DR. E.	33. STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN FL	34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 both, and I print with an address.

SIGNATURE: *George Trujillo* **GEORGE Trujillo** 1-22-96 941-293-8773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)