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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # G84215 1. Corporation Name FREEPORT TRUSS COMPANY, INC.

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90142 016 \*\*\*150.00



27 5. Certificate of Status Desired City & State 6. Election Campaign Financing	Applied For Not Applicable  5 Additional
P.O. BOX 577 FREEPORT FL 32439  2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Etity & State 2c. City & State 2c. City & State 2c. City & State 2c. Country 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #	Not Applicable
P.O. BOX 577 FREEPORT FL 32439 FREEPORT FL 32439  2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State City & State City & State 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Trust Fund Contribution A  Suite, Apt. #, etc. 3. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 3. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 3. Date Incorporated or Qualified O2/10/1984  4. FEI Number 59-2363664  5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 3. Date Incorporated or Qualified O2/10/1984  4. FEI Number 59-2363664  5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite, Apt. #, etc. 5. Certificate of Status Desired Feed and Contribution A  Suite And Contribution A  Suite An	Not Applicable
3. Date Incorporated or Qualifed 02/10/1984  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2363664  Suite, Apt. #, etc. 5. Certificate of Status Desired  Suite, Apt. #, etc. 5. Certificate of Status Desired  City & State City & State City & State  City & State  Zip Country Zip Country A  9. Name and Address of Current Registered Agent  LOGAN, KEVIN O. HWY 331 S. FREEPORT FL 32439  84 City FL 85  Registered Agent  85 Street Address (P.O. Box Number is Not Acceptable)  FL 85  FL 85	Not Applicable
2. Principal Place of Business  2a. Mailing Address  25. Certificate of Status Desired  Suite, Apt. #, etc.  27. Suite, Apt. #, etc.  27. City & State  City & State  28. City & State  29. Country  Zip  Country  Zip  Country  29. Name and Address of Current Registered Agent  LOGAN, KEVIN O.  HWY 331 S.  FREEPORT FL 32439  84. City  FL 85  Registered for the number  59-2363664  5. Certificate of Status Desired  5 Certificate of	Not Applicable
2. Principal Place of Business  2a. Mailing Address  59-2363664  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  25  Zip  Country  Zip  Country  29  30  Personal Property Tax.  9. Name and Address of Current Registered Agent  LOGAN, KEVIN 0.  HWY 331 S.  FREEPORT FL 32439  A. FEI Number  59-2363664  5. Certifcate of Status Desired    6. Election Campaign Financing   Trust Fund Contribution   A.  Trust Fund Contribution   A.  Yes  Personal Property Tax.  Yes  Street Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)	Not Applicable
26 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  30  Personal Property Tax.  9. Name and Address of Current Registered Agent  LOGAN, KEVIN O.  HWY 331 S.  FREEPORT FL 32439  26  Suite, Apt. #, etc.  5. Certifcate of Status Desired	Not Applicable
Suite, Apt. #, etc.    Suite, Apt. #, etc.     27	<u> </u>
27 City & State City & State 28  Zip Country 29 30  Personal Property Tax.  9. Name and Address of Current Registered Agent  LOGAN, KEVIN O. HWY 331 S. FREEPORT FL 32439  5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution A  Trust Fund Contribution A  Trust Fund Contribution A  Trust Fund Contribution A  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85	<b>3</b> Additional
City & State  Country  Experiment Country  State Country  Registered Agent  State City  Country  Registered Agent  10. Name and Address of New Registered Agent  Name  LOGAN, KEVIN O.  HWY 331 S.  FREEPORT FL 32439  Registered Agent  81 Name  Street Address (P.O. Box Number is Not Acceptable)  Registered Agent  Registered Agent  Registered Agent  City  FL  Registered Address (P.O. Box Number is Not Acceptable)  Registered Agent  City  FL  Registered Agent  Registered Agent  Registered Agent  City  FL  Registered Address (P.O. Box Number is Not Acceptable)	e Required
Trust Fund Contribution  Zip Country  Zip Country  38. This corporation owes the current year Intangible Personal Property Tax.  9. Name and Address of Current Registered Agent  LOGAN, KEVIN O.  HWY 331 S.  FREEPORT FL 32439  28  Trust Fund Contribution  A.  Trust Fund Contribution  B.  Trust Fund Contribution  A.  Trust Fund Contribution  B.  Trust Fund Contrib	<u> </u>
Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax.  9. Name and Address of Current Registered Agent  LOGAN, KEVIN O. HWY 331 S. FREEPORT FL 32439  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Received Agent Property Tax.  84 City FL 85	00 May Be
9. Name and Address of Current Registered Agent  LOGAN, KEVIN O. HWY 331 S. FREEPORT FL 32439  Personal Property Tax.  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Registered Agent  84 City  FL 85	ted to Fees
9. Name and Address of Current Registered Agent  LOGAN, KEVIN O.  HWY 331 S.  FREEPORT FL 32439  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Registered Agent  84 City  FL 85	□No
LOGAN, KEVIN O.  HWY 331 S.  FREEPORT FL 32439  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Reference of the purpose of change of the purpose o	
LOGAN, KEVIN O. HWY 331 S. FREEPORT FL 32439  82 Street Address (P.O. Box Number is Not Acceptable)  83	
HWY 331 S. FREEPORT FL 32439  82 Street Address (P.O. Box Number is Not Acceptable)  83	
FREEPORT FL 32439  83  84 City  FL 85	
84 City FL 85	
FL	
FL	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 change	•
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE OPTION OF THE PROPERTY OF THE PROPE	CTORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE VSD DELETE 1.1 TITLE	igeAddition
NAME LOGAN, ADDISON O. 12 NAME · -	
STREET ADDRESS HWY 331 S. 1.3 STREET ADDRESS	
CITY-ST-ZIP FREEPORT FL 1.4 CITY-ST-ZIP	
TITLE PTD DELETE 2.1 TITLE	nge
NAME LOGAN, KEVIN O. 22 NAME	
STREET ADDRESS 417 ANDROS WAY 23 STREET ADDRESS	_
CITY-ST-ZIP NICEVILLE FL 2 4 CITY-ST-ZIP	
CITY-ST-ZIP         NICEVILLE FL         2 4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE	nge Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS	nge Addition
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14. I hereby certify that the information supplied with this bring 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 of the receiver or trustee epipowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE: 2