FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:33

DOCUMENT # **H70279** **(5)**

1. Corporation Name
TRUE-VANCE CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3265 HWY. 17 NORTH GREEN COVE SPRINGS FL 32043 US	3265 HWY. 17 NORTH GREEN COVE SPRINGS FL 32043 US

3. Date Incorporated or Qualified: 08/06/1985
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2571126 ☐ 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

9. Name and Address of Current Registered Agent

WHITE, GEORGE J., JR.
3628 MAMARONECK CT
GREEN COVE SPRGS FL 32043

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WHITE, GEORGE J., JR.	1.2 NAME	WHITE, GEORGE J., JR.	
STREET ADDRESS	3628 MAMARONECK CT	1.3 STREET ADDRESS	3628 MAMARONECK CT.	
CITY-ST-ZIP	GREEN COVE SPRGS FL	1.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JEAN WHITE E.	2.2 NAME		
STREET ADDRESS	210 WINDEMERE AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	P	☒ Change ☐ Addition
NAME	TRUE, J. W.	3.2 NAME	TRUE, JAMES W.	
STREET ADDRESS	11321 RUSTIC GREEN CT	3.3 STREET ADDRESS	11321 RUSTIC GREEN CT	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		4.1 TITLE	VP	☐ Change ☒ Addition
NAME		4.2 NAME	HERRING, ROBERT L.	
STREET ADDRESS		4.3 STREET ADDRESS	840 QUIET WOODS LN.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GLEN ST MARY, FL 32040	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE: James W. True PRESIDENT JANUARY 9, 95 (904) 284-2100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000008 CP