

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H70279** (5)  
1. Corporation Name  
**TRUE-VANCE CORP.**

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

Mailing Address  
**3265 HWY. 17 NORTH  
GREEN COVE SPRINGS FL 32043  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/06/1985</b>	
25		30		4. FEI Number <b>59-2571126</b> Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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)  
**2917 S. Ponte Vedra Blvd.**  
83  
84 **Ponte Vedra Beach** FL 85 **32082**

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 of person named as registered agent and their representative

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, GEORGE J., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>3628 MAMARONECK CT</b>	1.3 STREET ADDRESS	<b>2917 S. Ponte Vedra Blvd.</b>
CITY-ST-ZIP	<b>GREEN COVE SPRGS FL</b>	1.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
TITLE	<b>ST</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, JEAN WHITE E.</b>	2.2 NAME	
STREET ADDRESS	<b>210 WINDEMERE AVE</b>	2.3 STREET ADDRESS	<b>121 N. Wayne Ave</b>
CITY-ST-ZIP	<b>WAYNE PA</b>	2.4 CITY-ST-ZIP	<b>Wayne PA 19087</b>
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUE, JAMES W.</b>	3.2 NAME	
STREET ADDRESS	<b>3265 US HWY 17 NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRING, ROBERT L</b>	4.2 NAME	
STREET ADDRESS	<b>890 QUIET WOODS LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLEN ST MARY FL</b>	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 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:

*James W. True*

2-6-98

CR2E034 (10/97)