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FILED

May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J06995

(1)

1. Corporation Name

TRUE TRUSS, INC.

Principal Place of Business

10411 ALTA DR  
JACKSONVILLE FL 32226  
US

Mailing Address

10411 ALTA DR  
JACKSONVILLE FL 32226-2301  
US

3. Date Incorporated or Qualified

04/01/1986

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2812122

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

PERSONS, JR R B  
2215 SOUTH 3RD STREET  
SUITE 101  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

David H Peek

82 Street Address (P.O. Box Number is Not Acceptable)

1301 Riverplace Blvd

83

Suite 1301

84 City

Jacksonville

FL

85 Zip Code

32207

11. Pursuant to the provisions of sections 607.0502 and 607.1505, 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

4/29/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V	SIEGFRIED, SCOTT D.	10411 ALTA DRIVE JACKSONVILLE FL		<input type="checkbox"/>
D	DIXON, CHARLES E., JR.	5031 DIXIE LANDING DR JACKSONVILLE FL		<input type="checkbox"/>
DP	DIXON, OLIVER L.	10411 ALTA DRIVE JACKSONVILLE FL		<input type="checkbox"/>
ST	DIXON, EDITH D.	10411 ALTA DRIVE JACKSONVILLE FL		<input type="checkbox"/>
DV	DIXON, BARRY E	10411 ALTA DRIVE JACKSONVILLE FL		<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-97 757-2500

CR2E034 (9/96)