

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:03

DOCUMENT # **J14584** (3)

1. Corporation Name

TRUSS SYSTEMS OF VOLUSIA AND FLAGLER COUNTIES, INC.

Principal Place of Business

**3550 U S 1 SOUTH
BUNNELL FL 32110**

Mailing Address

**3550 U S 1 SOUTH
BUNNELL FL 32110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/16/1986	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2670081	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financial Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 19F.032 Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**MCCARTHY, LYNN
858 NIXON LANE
PORT ORANGE FL 32119**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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

Registered Agent or authorized officer of corporation (agent and officer only)

Officer or authorized agent of corporation (agent and officer only)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	HALLIDAY, IAN	1.2 NAME	
STREET ADDRESS	718 PROSPECT PT. DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ORANGE FL	1.4 CITY, ST, ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	PAYTAS, JAMES	2.2 NAME	
STREET ADDRESS	5995 SEMINOLE WOODS DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ORANGE FL	2.4 CITY, ST, ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, LYNN	3.2 NAME	
STREET ADDRESS	858 NIXON LANE	3.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ORANGE FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
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 the form 19F.032 (b), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Lynn McCarthy **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LYNN M. MCCARTHY (PRESIDENT)

2/17/95 904-255-3009