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Feb 11 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 # **J14584** (3)  
1. Corporation Name  
**TRUSS SYSTEMS OF VOLUSIA AND FLAGLER COUNTIES, I  
NC.**

Principal Place of Business Mailing Address  
**3550 U S 1 SOUTH BUNNELL FL 32110** **3550 U S 1 SOUTH BUNNELL FL 32110-9780**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/16/1986</b>	3a. Date of Last Report <b>02/12/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2670081</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MCCARTHY, LYNN 858 NIXON LANE PORT ORANGE FL 32119</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	<b>DV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALLIDAY, IAN</b>	1.2 NAME	<b>HALLIDAY, IAN</b>
STREET ADDRESS	<b>1401 S PALMETO AVE #613</b>	1.3 STREET ADDRESS	<b>5915 PLAINVIEW DRIVE</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>	1.4 CITY - ST - ZIP	<b>PORT ORANGE, FL</b>
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYTAS, JAMES</b>	2.2 NAME	<b>PAYTAS, JAMES</b>
STREET ADDRESS	<b>5995 SEMINOLE WOODS DR.</b>	2.3 STREET ADDRESS	<b>5995 SEMINOLE WOODS DRIVE</b>
CITY - ST - ZIP	<b>PORT ORANGE FL</b>	2.4 CITY - ST - ZIP	<b>PORT ORANGE, FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCARTHY, LYNN</b>	3.2 NAME	
STREET ADDRESS	<b>858 NIXON LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT ORANGE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>PAYTAS, LISA</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>718 PROSPECT POINT DRIVE</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>PORT ORANGE, FL</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Lynn McCarthy (President)* 2/7/97 904  
255-3009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)