

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 AM 11:23

DOCUMENT # K05382 (2)

1. Corporation Name
ST. LUCIE TRUSS CORP.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/04/1987	3a. Date of Last Report 02/15/1994
4. FEI Number 59-2867684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 10331 LENNARD RD PORT ST. LUCIE FL 34952		Mailing Address 10331 LENNARD RD PORT ST. LUCIE FL 34952	
2. Principal Place of Business 21	2a. Mailing Address 26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	City & State	
24	25	29	30

9. Name and Address of Current Registered Agent

**WHITE, JAMES J
129 NE NARANJA AVE
PORT ST. LUCIE FL 34983**

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 *J. White* **2-15-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME WHITE, JAMES J H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 129 N NARANJA AVE	CITY - ST - ZIP PORT ST. LUCIE FL	1.2 NAME	
TITLE VP	NAME DINGESS, JIM	1.3 STREET ADDRESS	
STREET ADDRESS 2417 DELANO RD	CITY - ST - ZIP PORT ST. LUCIE FL	1.4 CITY - ST - ZIP	
TITLE VP	NAME MONROE, JACK SR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1950 SE FLORESTA DR	CITY - ST - ZIP PORT ST LUCIE FL 34983	2.2 NAME	
TITLE ST	NAME KLIMMEK, WES	2.3 STREET ADDRESS	
STREET ADDRESS 2402 SE PERUGIA ST.	CITY - ST - ZIP PORT ST. LUCIE FL 34952	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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 1 (D)(3)(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 such certifier appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *J. White* **2-15-95** **407.335-3207**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James J. White, Presl.