

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K05382**

(2)

1. Corporation Name

ST. LUCIE TRUSS CORP.

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 607.0902 and 607.1503, 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 607.0902, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of President or Director (If Change of Registered Agent)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

**WHITE, JAMES J II
129 N NARANJA AVE
PORT ST. LUCIE FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VP

☐ DELETE

NAME

**DINGESS, JIM
2417 DELANO RD
PORT ST. LUCIE FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VP

☐ DELETE

NAME

**MONROE, JACK SR
1950 SE FLORESTA DR
PORT ST LUCIE FL 34983**

STREET ADDRESS

CITY-ST-ZIP

TITLE

ST

☐ DELETE

NAME

**KLIMMEK, WES
2402 SE PERUGIA ST.
PORT ST. LUCIE FL 34952**

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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 119.07(3)(k), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in the attached statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo #

CR2E034 (12/95)