

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90096 020 ***150.00

DOCUMENT # L92213

1. Corporation Name
TRUMBULL RECOVERY SERVICES, INC.

Principal Place of Business
140 ALEXANDRIA BLVD.
STE G
OVIEDO FL 32765
US

Mailing Address
PO BOX 621207
OVIEDO FL 32762-1207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1990

4. FEI Number

59-3021034

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLN, RONALD
676 WANETA COURT
WINTER SPRINGS 32708

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

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 D ☒ DELETE
NAME SIMMERMON, R.W.
STREET ADDRESS 2267 WESTMINSTER TERRAC
CITY-ST-ZIP OVIEDO, FL 32765

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Coln, Ronald
1.3 STREET ADDRESS 140 Alexandria Blvd., Ste G
1.4 CITY-ST-ZIP Oviedo, FL 32765

TITLE D ☒ DELETE
NAME COLN, RONALD E.
STREET ADDRESS 676 WANETA CT
CITY-ST-ZIP WINTER SPRINGS FL

2.1 TITLE V/D ☐ Change ☒ Addition
2.2 NAME Wilcox, Ellen
2.3 STREET ADDRESS 4 Griffin Road North
2.4 CITY-ST-ZIP Windsor, CT 06095

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME Malchodi, William
3.3 STREET ADDRESS Hartford Plaza
3.4 CITY-ST-ZIP Hartford, CT 06115

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE V/T ☐ Change ☒ Addition
4.2 NAME Tripp, Stanley
4.3 STREET ADDRESS 4 Griffin Road North
4.4 CITY-ST-ZIP Windsor, CT 06095

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME Simpson, Douglas
5.3 STREET ADDRESS 4 Griffin Road North
5.4 CITY-ST-ZIP Windsor, CT 06095

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Ass't Secretary ☐ Change ☒ Addition
6.2 NAME Cubanski, James
6.3 STREET ADDRESS Hartford Plaza
6.4 CITY-ST-ZIP Hartford, CT 06115

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

00000000

CR25034 (11/98)