

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M88210** (3)

1. Corporation Name

TRUMAN ANNEX MANAGEMENT COMPANY



Principal Place of Business

**201 FRONT STREET
P.O. BOX 4132
KEY WEST FL 33041**

Mailing Address

**201 FRONT STREET
P.O. BOX 4132
KEY WEST FL 33041**

2. Principal Place of Business
21 **6450 E. Jr. College Rd.** 2a. Mailing Address
2a **PO Box 5886**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **Key West, FL 33040**

27 City & State
28 **Key West, FL 33041**

24 Zip Country
25 **USA**

29 Zip Country
30 **USA**

9. Name and Address of Current Registered Agent

**HENDRICK, JAMES T.
317 WHITEHEAD STREET
KEY WEST FL 33040**

3. Date Incorporated or Qualified
07/05/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2768287

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 607.1506, 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, if not applicable)

2007: Registered Agent signature required when changing

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SINGH, PRITAM**
STREET ADDRESS **BUILDING 21 FRONT STREET--**
CITY-ST-ZIP **KEY WEST FL**

TITLE **S** ☐ DELETE
NAME **CREATH, JACQUELINE E.**
STREET ADDRESS **BUILDING 21 FRONT STREET**
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **Singh, Pritam**
1.4 CITY-ST-ZIP **6450 E. Jr. college Road**
Key West, FL 33040 ☐ Change ☐ Addition

2.1 TITLE **S** ☐ Change ☐ Addition
2.2 NAME **Creath, Jacqueline**
2.3 STREET ADDRESS **6450 E. Jr. College Road**
2.4 CITY-ST-ZIP **Key West, FL 33040** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **900001798369**
5.3 STREET ADDRESS **-04/29/96--01038--029**
5.4 CITY-ST-ZIP *****200.00**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 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:

Jacqueline E. Creath, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACQUELINE E. CREATH

4/23/96 305 296 5601
Date Telephone
SG-4-27-96

CR2E034 (12/95)