

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

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P93000022862 (5)**

1. Corporation Name  
**TROUTMAN TECHNICAL SERVICES, INC.**

**FILED**  
**95 JAN 25 PM 1:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**132 COCOA AVENUE** **132 COCOA AVENUE**  
**INDIALANTIC FL 32903** **INDIALANTIC FL 32903**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/24/1993	02/11/1994
22		27		4. FEI Number	Applied For
23		28		59-3172701	Not Applicable
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TROUTMAN, H. FIELDING I 132 COCOA AVENUE INDIALANTIC FL 32903				81 Name	TROUTMAN, H. FIELDING III		
				82 Street Address (P.O. Box Number is Not Acceptable)	132 COCOA AVENUE		
				83			
				84 City	INDIALANTIC	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, JUDY M.	1.2 NAME	TROUTMAN, JUDY M. <i>Correction</i>
STREET ADDRESS	132 COCOA AVE.	1.3 STREET ADDRESS	132 COCOA AVE.
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	INDIALANTIC FL 32903
TITLE	EVP	2.1 TITLE	V/T/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, HOMES FIELDING	2.2 NAME	TROUTMAN, HOLMES FIELDING <i>Correction</i>
STREET ADDRESS	132 COCOA AVE	2.3 STREET ADDRESS	132 COCOA AVE.
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	INDIALANTIC FL 32903
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	

**NOTE:**  
Box 10 line 81  
IS A CORRECTION  
TO BOX 9

Box 13 is a  
CORRECTION TO  
Box 12:  
ZIP CODES &  
TITLE SYMBOLS

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 110.07(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: Judy M. Troutman JUDY M. TROUTMAN January 13, 1995 (407)861-4343  
Signature and typed or printed name of signing officer or director Date