SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # P94000046194 (4) TRU & ASSOCIATES, INC. Mailing Address Principal Place of Business 5039 82ND WAY EAST 5039 82ND WAY EAST SARASOTA FL 34243 SARASOTA FL 34243 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 06/21/1994 Applied For 4. FFI Number 2a. Maiting Address 2. Principal Place of Business Not Applicable 65-0503867 26 \$8.75 Additional 21 Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt #, etc 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032 23 Country Country Ζip Yes [___ No Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 TRUMBO, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 82 5039 82ND WAY EAST SARASOTA FL 34243 83 Zip Code 84 City FI 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. real when tental thing) (NOTE Body legal Agent signature tell Suppose type to performance of my decentages and this supple about SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change Addition 12. DELETE 1.1 TITLE CR2E034 PS TITLE 1.2 NAME TRUMBO, ROBERT C NAME 1.3 STREET ADDRESS **5039 82ND WAY EAST** STREET ADDRESS 14 CITY ST-ZIP Change Addition SARASOTA FL 34243 CITY-ST-7/P DELETE 2.1 THE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST. ZIP Change Addition CITY - ST - ZIP DELETE 3.1.10116 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHY-ST-7P Change Addition CITY-ST-ZIP DELETE 411111 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIF Change Addition CITY-ST-ZIP DELETE 5.1 THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY - ST - ZIP 61 THLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Too 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 other or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 that agod, or on an attachment withan address. 64 CITY - S1 - ZIP that my name ag

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