

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90038 040 ***150.00

DOCUMENT # P94000052017

1. Corporation Name
TRUE COUNT, INC.



Principal Place of Business

8750 S OCEAN DR
APT 636
JENSEN BEACH FL 34957

Mailing Address

P.O. BOX 1117
JENSEN BEACH FL 34958

3484 SW Forest Hills Ct.
Palm City, FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1994

4. FEI Number

65-0512635

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

21 3484 SW Forest Hills Ct.

2a. Mailing Address

26 P.O. Box 1117

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Palm City, FL

City & State

28 Jensen Beach, FL

Zip

24 34990

Country

25 USA

Zip

29 34958

Country

30 USA

9. Name and Address of Current Registered Agent

ANDERSON, WILLIAM D JR.
516 CAMDEN AVE
SUITE 103
STUART FL 34994

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 607.1508, 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

TITLE DP ☐ DELETE

NAME HARRELL, DENNIS V.
STREET ADDRESS 8705 S OCEAN DR APT 636
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE DS ☐ DELETE

NAME HARRELL, INGEBORG
STREET ADDRESS 8705 S OCEAN DR APT 636
CITY-ST-ZIP JENSEN BEACH FL 34957

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 3484 SW. Forest Hills Ct.
1.3 STREET ADDRESS Palm City, FL 34990
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 3484 SW Forest Hills Ct.
2.3 STREET ADDRESS Palm City, FL 34990
2.4 CITY-ST-ZIP

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 561-781-6136

Date

Daytime Phone #

CR2E034 (11/98)