

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000060508 (5)**

1. Corporation Name
TRULLINGER ASSOCIATES, INC.



Principal Place of Business: **175 CROSS STREET CITY ISLAND NY 10464**
Mailing Address: **175 CROSS STREET CITY ISLAND NY 10464**

3. Date Incorporated or Qualified: **08/04/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business: **2178 ARBOUR WALK Circle**
2a. Mailing Address: **2706 S. HORSESHOE DR.**
22. Suite, Apt. #, etc.: **Apt. # 2316**
27. Suite, Apt. #, etc.: **Suite 110**
23. City & State: **NAPLES FL**
28. City & State: **NAPLES FL**
24. Zip: **33942** Country: **USA**
29. Zip: **33942** Country: **USA**

4. FEI Number: **13-38458941**
Applied For: Not Applicable
5. Certificate of Status Desired: **NO** \$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

9. Name and Address of Current Registered Agent

~~GARDNER & CAMPBELL, P.A.~~
~~12000 BISCAYNE BLVD., SUITE 216~~
~~MIAMI FL 33181~~

10. Name and Address of New Registered Agent

81. Name: **JAMES W. TRULLINGER**
82. Street Address (P.O. Box Number is Not Acceptable): **2178 ARBOUR WALK Circle**
83. Apt. # 2316
84. City: **NAPLES** FL 85. Zip Code: **33942**

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: *James W. Trullinger* **JAMES W. TRULLINGER** DATE: **2/21/96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P JAMES W. TRULLINGER
1.3 STREET ADDRESS	2178 ARBOUR WALK Circle Apt. 2316
1.4 CITY-ST-ZIP	NAPLES, FL 33942
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James W. Trullinger* DATE: **2/21/96** 941-594-8003

CR2E034 (12/95)