## 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.)

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

TITLE

NAME

STREET ADDRESS

P95000077235 (6)

R.B.	TRUESDELL	AND	ASSOCIATES.	INC.

Principal Place	of Business	Mailing Address			III DADII IDDII IDDID II ADD \$1600 B.#1 6191	
343 BOCA CIEGA DRIVE MADEIRA BEACH FL 33708		343 BOCA CIEGA DRI MADEIRA BEACH FL 3				
				3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report	
Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-3367516	Applied For	
Suite, Apt. #		26		39-3367376	Not Applicable	
Suite, Apr. #	r, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z <sub>I</sub> p	Country	Zip	Country	8. This corporation has liability for		
	25	29	30	Flonda Statutes	Yes No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
COF	RPORATION SERVICE COMPA	INY	81 Name			
	1 HAYS STREET		82 Street	Address (P.O. Box Number is Not Acceptar	ole)	
TAL	LAHASSEE FL 32301-2525		83			
			<b>84</b> Crty		<b>85</b> Zip Code	
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I. Pursuant to office or re agent I an	o the provisions of Sections 607.05 gistered agent or both, in the Star intanillar with and accept the obli	502 and 607.1508. Florida Stat te of Florida. Such change war gations of, Section 607.0505,	tutes the above named sauthorized by the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	FL	
agent Lan GNATURE	n familiar with and accept the obli-	egations of, Section 607.0505,	tutes the above-named s authorized by the corp Florida Statutes	- netjugo when thest engli	PL	
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61 TillE 6.2 NAME

63 STREET ADDRESS

14. If 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. If further certify that the information and cate on Piis annual report or suppliemental 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 617. Florida Statutes, and that my name appears in Block 13.4 shanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Directors of the control of the c

DELETE

Change Addition