

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS*
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DOCUMENT # P95000077235 (6)
 1. Corporation Name
R-B. TRUESDELL AND ASSOCIATES, INC.



Principal Place of Business 343 BOCA CIEGA DRIVE MADEIRA BEACH FL 33708	Mailing Address 343 BOCA CIEGA DRIVE MADEIRA BEACH FL 33708
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1995

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 59-3367516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TRUESDELL, ROBERT B
 343 BOCA CIEGA DRIVE
 MADEIRA BEACH FL 33708**

10. Name and Address of New Registered Agent

81. Name Gloria Truesdell
82. Street Address (P.O. Box Number is Not Acceptable) 343 Boca Ciega Drive
83. City
84. City Madeira Beach
85. Zip Code FL 33708

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 *Gloria Truesdell* - PRESIDENT DATE 1-28-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE PD	NAME TRUESDELL, ROBERT B	<input type="checkbox"/> DELETE
STREET ADDRESS 343 BOCA CIEGA DRIVE	CITY-ST-ZIP MADEIRA BEACH FL	
TITLE ST	NAME TRUESDELL, GLORIA	<input type="checkbox"/> DELETE
STREET ADDRESS 343 BOCA CIEGA DRIVE	CITY-ST-ZIP MADEIRA BEACH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE President		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Gloria Truesdell		
1.3 STREET ADDRESS 343 Boca Ciega Drive		
1.4 CITY-ST-ZIP Madeira Beach, FL 33708		
2.1 TITLE Vice-President		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Robert B. Truesdell		
2.3 STREET ADDRESS 343 Boca Ciega Drive		
2.4 CITY-ST-ZIP Madeira Beach, FL 33708		
3.1 TITLE Secretary		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Gloria Truesdell		
3.3 STREET ADDRESS 343 Boca Ciega Drive		
3.4 CITY-ST-ZIP Madeira Beach, FL 33708		
4.1 TITLE Treasurer		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Robert B. Truesdell		
4.3 STREET ADDRESS 343 Boca Ciega Drive		
4.4 CITY-ST-ZIP Madeira Beach, FL 33708		
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 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 if changed, or on an attachment with an address.

SIGNATURE: *Gloria Truesdell* / **GLORIA TRUESDELL** 1-8-98 (888)397-1148

CR2E034 (10/97)