

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

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90073 009 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000077235

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5201 Seminole Blvd., # 8, St. Petersburg, FL 33708, USA
 2a. Mailing Address: 5201 Seminole Blvd., # 8, St. Petersburg, FL 33708, USA

3. Date Incorporated or Qualified: 10/09/1995
 4. FEI Number: 59-3367516
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: TRUESDELL, GLORIA, 343 BOCA CIEGA DRIVE, MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: *Gloria Truesdell* GLORIA TRUESDELL Date: 4-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TRUESDELL, GLORIA		1.2 NAME	
STREET ADDRESS: 343 BOCA CIEGA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: MADEIRA BEACH FL 33708		1.4 CITY-ST-ZIP	
TITLE: ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TRUESDELL, GLORIA		2.2 NAME	
STREET ADDRESS: 343 BOCA CIEGA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP: MADEIRA BEACH FL		2.4 CITY-ST-ZIP	
TITLE: VPT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TRUESDELL, ROBERT B		3.2 NAME	
STREET ADDRESS: 343 BOCA CIEGA DR		3.3 STREET ADDRESS	
CITY-ST-ZIP: MADEIRA BEACH FL 33708		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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, with all other like empowered.

SIGNATURE: *Gloria Truesdell* GLORIA TRUESDELL Date: 4-26-99 (727) 397-1148

CR2E034 (1/98)