


FILE NOW: FILING FEE AFTER MAY 4 IS \$550.00

JUNE 30

FILED  
Jun 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000016463 (7)**

1. Corporation Name

**TRU-DAT RECORDS, INC.**

Principal Place of Business

**404 GROSSE AVE. SO.  
TARPON SPRINGS FL 34689**

Mailing Address

**404 GROSSE AVE. SO.  
TARPON SPRINGS FL 34689-4400**

2. Principal Place of Business

**21 624 North Avenue**

Suite, Apt. #, etc.

**22**

City & State

**23 Tarpon Springs, Florida**

Zip

**24 34689**

Country

**25 U.S.**

2a. Mailing Address

**26 3408 Bretwood Drive**

Suite, Apt. #, etc.

**27**

City & State

**28 Orlando, Florida**

Zip

**29 32808**

Country

**30 U.S.**

9. Name and Address of Current Registered Agent

**WALLACE, JASPER  
404 GROSSE AVE. SO.  
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified

**02/22/1996**

3a. Date of Last Report

4. FEI Number

**59-3433849**

☒ 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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**Douglas Wallace**

82 Street Address (P.O. Box Number is Not Acceptable)

**3408 Bretwood Drive**

83

84 City

**Orlando**

**FL**

85 Zip Code

**32808**

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

*Douglas Wallace*

Signature, typed or printed name of registered agent and title if applicable

**Douglas Wallace, President, R.A.**

(NOTE: Registered Agent signature required when reinstating)

**05/ /97**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **WALLACE, JASPER**  
STREET ADDRESS **404 GROSSE AVE. SO.**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Treasurer** ☐ Change ☒ Addition

1.2 NAME **Douglas Wallace**

1.3 STREET ADDRESS **3408 Bretwood Drive**

1.4 CITY-ST-ZIP **Orlando, Florida 32808**

2.1 TITLE **Vice-President** ☐ Change ☒ Addition

2.2 NAME **Arnell Spencer**

2.3 STREET ADDRESS **325 Eaton Street**

2.4 CITY-ST-ZIP **Eatonville, Florida 32751**

3.1 TITLE **Secretary** ☐ Change ☒ Addition

3.2 NAME **Brenda Wallace**

3.3 STREET ADDRESS **624 North Avenue**

3.4 CITY-ST-ZIP **Tarpon Springs, Florida 34689**

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 do 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 **DOUGLAS WALLACE** SIGNATURE REQUIRED

CR2E034 (9/96)