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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000034127 (6)

TRUTT, INC.

## **FILED** Mar 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							41991 (16	1.0 1.11	
21822 US HWY 27 21822 US HWY 27									
LEESBURG FL 34748 LEESBURG FL 34748						DO NOT WRITE IN THIS SPACE			
1						3. Date Incorporated or Qualified			
						04/15/1996			
2. Principal P	Place of Business	2a. Mailing Add	dress			4. FEI Number		Ap	plied For
21 26						59-3375268		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.			5. Certificate of Status Desired			Additional
22 27									dnired
City & State City & State			•			6. Election Campaign Financing			May Be
Zip	Country	Zip Country			·	Trust Fund Contribution			
24	25	<b>⊢</b> `	30	лана у		8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rent yea ] Yes		No I
	9. Name and Address of Curr	29  rent Registered Agent		Т		10. Name and Address of New Registered			1110
710				B1	Name				
TRUTT, LANELL S									
21822 US HWY 27 LEESBURG FL 34748				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
4	EODURG FL 34/40			83					
l									
				84	City	FL	85	Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nam office or registered agent, or both, in the State of Florida. Such change was authorized by the cagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							changi	ing its	registered
office or r	registered agent, or both, in the Sta	ate of Florida, Such cha-	nge was authoriza	ed by	the corporati	ion's board of directors. I hereby accept the app	ointmen	nt as r	registered
	in raninal with and accept the ob-	ingulions di, occion dor	7.0505, 71011da 011	110100	•				
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Register	ed Age	int signature require	ed when reinstating) DATE			
12.	OFFICERS A	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND			S IN 12
TITLE	P			TITLE			Char	nge	☐ Addition
NAME	TRUTT, LANELL S		1.2	1.2 NAME					
STREET ADDRESS	21822 US HWY 27	1.3 STREET A		ADDRESS					
CITY-ST-ZIP	LEESBURG FL			1.4 City-St-ZIP					
TITLE	VP .	<b>VP</b> □ DELETE		2.1 TITLE			☐ Char	nge	☐ Addition
NAME	TRUTT, PAUL L		2.21	2.2 NAME					Ì
STREET ADDRESS	21822 US HWY 27			2.3 STREET ADDRESS					
CITY-ST-ZIP	LEESBURG FL			2. 4 CITY-ST-ZIP					
TITLE			TITLE			☐ Chan	nge	☐ Addition	
NAME			3.21	3MAP	Ì				
STREET ADDRESS			3.3 5	STREET	ADORESS				
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE		∐ D	DELETE 4.1 TITLI				Chan	nge	Addition
NAME			4.2	NAME	Ì				Ì
STREET ADDRESS			4.3 5	STREET	ADORESS				
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE	DELETE 5.1		ITLE			☐ Chan	nge	☐ Addition	
NAME	i		5.21	IAME	Į				į
STREET ADDRESS			5.3 5	STAEET	address				
CITY-ST-ZIP				CITY-SI	r-ziP				
TITLE		□ D	ELETE 6.1 1	?TLE			☐ Chan	าดูย	Addition
NAME			624	AME					

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.

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS