

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P96000034631**

1. Corporation Name

TRULINK CORPORATION

Principal Place of Business
**5227 45TH STREET EAST
BRADENTON FL 34203-4118**

Mailing Address
**5227 45TH STREET EAST
BRADENTON FL 34203-4118**

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90007 006 ***558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1996

2. Principal Place of Business

21 **27010 67TH AV EAST**

Suite, Apt. #, etc.

22
City & State
23 **MYAKKA CITY, FLORIDA**

Zip

24 **34251**

Country

25 **USA**

2a. Mailing Address

26 **27010 67TH AV EAST**

Suite, Apt. #, etc.

27
City & State
28 **MYAKKA CITY, FLORIDA**

Zip

29 **34251**

Country

30 **USA**

4. FEI Number

65-0659422

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THORESON, STEVEN
5227 45TH STREET EAST
BRADENTON FL 34203-4118**

10. Name and Address of New Registered Agent

81 Name **THORESON, STEVEN**

82 Street Address (P.O. Box Number is Not Acceptable)
27010 67TH AV EAST

83

84 City **MYAKKA CITY**

FL

85 Zip Code
34251

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

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

STEVEN THORESON

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 10, 1999

12. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ DELETE
NAME **THORESON, STEVEN**
STREET ADDRESS **5227 45TH STREET EAST**
CITY-ST-ZIP **BRADENTON FL 34203-4118**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PTSD** ☒ Change ☐ Addition
1.2 NAME **THORESON, STEVEN**
1.3 STREET ADDRESS **5227 45TH STREET EAST**
1.4 CITY-ST-ZIP **BRADENTON FL 34203-4118**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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:

STEVEN THORESON

Sept 10, 1999

941-322-2946

CR2E034 (5/99)