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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000053520 (8)**1. Corporation Name

TRULUCK CONSTRUCTION, INC.

## FILED Apr 30 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									440 THE III	<b>              </b>	
1250 NORWOOD PLACE		1250 NORWOOD PLACE									
ORLANDO FL 32804		ORLANDO FL 32804-6726			1	Date Incorporated or Qualified     3a. Date of Last Report     06/24/1996					
2. Principal Place of Bu	<b>2a.</b> Ma	2a. Mailing Address				4. FEI	4. FEI Number			Applied For	
SAME	26 \$	26 SAME				\ \ \ .	US- DU90557 Not Applicab				
Suite, Apt. #, etc. 2		Suite, Apt. #, etc. 27 City & State				5. Cert	ificate of Status Desired			Additional Required	
City & State	City				Election Campaign I     Trust Fund Contribu		tion Campaign Financing	\$5.00 May Be Added to Fees			
3   	Country	Zip		Cour	ntry		8. This	corporation has liability for	intangible	tax under	<del></del>
4]	25)	29	4 4	[30]				da Statutes B	Yes		
	ne and Address of Curre	in nagistere	n Agent	<del></del>	81	Name -			Aincaiaci	Mair	
TRULUCK, RO				l			AME				
1250 NORWO ORLANDO FL				ł	82	Street Ad	ddress (P.O. E	Box Number is Not Acceptal	ole)		
ONDANDO FL	. 32004			ŀ	83	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
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					84	City			FL	. 1 '	Code
11. Pursuant to the prov	isions of Sections 607.05	02 and 607.1	508, Florida Statu	ites, the ab	ove	named c	orporation sub	omits this statement for the p of directors. I hereby acce	ourpose of	changing	its registered
office or registered a agent I ou family	agent, or both, in the Stati with, and accept the oblig	e of Florida. S gations of, Se	iuch change was ction 607.0505, F	autnorized iorida Statu	ı by Jites,	tne corpo	oration's board	of directors. I hereby acce	pt the app	iointment a	s registered
SIGNATURE JUU	Lobert	9. 7 43	luck- lee	4. 8 .	*			A	- 24-	97	
Slanatire, typ	ed or putited name of registered ap	ent and title if app	licable. (NO	TE: Registered	Ager	il signature re	sanier nertw berlupe		DATE	5 DE 070	DO 11.140
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CITY ST-ZIP THEE NAME STREET ACORESS CITY-ST-ZIP	hat the information supplied to this	ed with this fil	ing does not qua	6.3 STI	REET A	r-ZIP	ated in Section	. 119.07(3)(i), Florida Statute ure shall have the same leg ed by Chapter 607, Florida S	es. I furthe	r certify the	at the