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Apr 28 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 # **P96000056361 (4)**

1. Corporation Name

**DONALD R. TROMBLEY & ASSOCIATES, INC.**



Principal Place of Business

**216 NO 5TH STREET  
LEESBURG FL 34748**

Mailing Address

**216 NO 5TH STREET  
LEESBURG FL 34748-5112**

2. Principal Place of Business

**21 1326 W. NORTH BLVD**

2a. Mailing Address

**26 P.O. Box 492025**

Suite, Apt. #, etc.

**22 SUITE 13**

Suite, Apt. #, etc.

**27 LEESBURG, FLORIDA**

City & State

**23 LEESBURG, FLORIDA**

City & State

**28 LEESBURG, FLORIDA**

Zip

**24 34748**

Country

**25 USA**

Zip

**29 34749-2025**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**TROMBLEY, DONALD R  
216 NO 5TH STREET  
LEESBURG FL 34748**

3. Date Incorporated or Qualified

**07/01/1996**

3a. Date of Last Report

4. FEI Number

**59-3393540**

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

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

**1326 W. NORTH BLVD SUITE 13**

83

84 City

**LEESBURG**

**FL**

85 Zip Code

**34748**

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

**DONALD R. TROMBLEY, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/97**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
TROMBLEY, DONALD R  
216 NO 5TH STREET  
LEESBURG FL 34748**

TITLE ☐ DELETE

**D  
TROMBLEY, PATRICIA A  
216 NO 5TH STREET  
LEESBURG FL 34748**

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**1326 W. NORTH BLVD SUITE 13  
LEESBURG, FL 34748**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**1326 W. NORTH BLVD SUITE 13  
LEESBURG, FL 34748**

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 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: **Donald R. Trombley** IDAUSED. TROMBLEY PRES 4/15/97 352-315-0977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)