## 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 # P96000056361 (4)

DONALD R. TROMBLEY & ASSOCIATES, INC.

FILED
Jan 16 1998 8:00am
Secretary of State

Principal Place of Business 1326 W NORTH BLVD SUITE 13 LEESBURG FL 34748		Mailing Address P.O. BOX 492025 LEESBURG FL 34749-2025 US		DO NOT WRITE IN THIS	(142 E3422 1414 B141 1351 1851
US	• • • • • • • • • • • • • • • • • • • •	••		3. Date Incorporated or Qualified 07/01/1996	
2. Principal P	lace of Business	28. Mailing Address 26		4. FEI Number 59-3393540	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	o	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes 🗌 No
	9. Name and Address of Curren	l Registered Agent		10. Name and Address of New Registered	d Agent
TROMBLEY, DONALD R   81 Name					
1326 W NORTH BLVD SUITE 13			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
LEESBURG FL 34748			83		
			84 City	F	<del>-</del> , , , , , , , , , , , , , , , , , , ,
office or r	to the provisions of Sections 607.050; egisterod agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	s authorized by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE					
	Signature, typed or printed name of registers diages		D11. Registered Agent signature requir		ID DIDECTORS IN 40
12.	OFFICERS AND	DELFTE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	TROMBLEY, DONALD R	DET(12	1.2 NAME		
STREET ADDRESS	1326 W NORTH BLVD, SUITE	13	1.3 STHEET ADDRESS		
l '	LEESBURG FL		14 CHY-SI-ZIP		
CITY-ST-ZIP TITLE	D	DELETE	2.1 THLE		Change Addition
NAME	TROMBLEY, PATRICIA A		2.2 NAME		
STREET ADDRESS	1326 W NORTH BLVD SUITE	13	23 STHEET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		2 4 CiTY-S1-ZIP		
TITLE		DELETE	31 THLF		Change Addition
NAME		<del>-</del>	3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-7IP		
TITLE		☐ DELETE	4.1 10 LE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(TY-ST-Z)P		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 DAY-ST-ZIP		

14. Thereby certify that the information supplied with this filling 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 occurate 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 addition.

CIONATURE CAMARA

1/5/98

352-315-0977