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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra BrMertham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000101520 (0)

MOGINNES TRUSS COMPANY, INC. Principal Place of Business Mailing Address 1801 7TH ST SW 1801 7TH ST SW WINTER HAVEN FL \$3880 WINTER HAVEN FL 33880-4376

FILED Jun 05 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 12/16/1996	3a. Date of L	ast Report
2. Principal Place of Business		2a. Mailing Address			4 FFI Number	-1	Applied For
21		26			59-34170	o4	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			┌┐ \$8.	75 Additional	
22		27			5. Certificate of Status Desired	□ ' _F	ee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		ided to Fees
Zip	Country	7φ	Countr	ry	8. This corporation has liability for		der s. 199.032,
24	25		30			Yes No	
	9. Name and Address of Current I	Registered Agent		ar	10. Name and Address of New Re	gistered Agent	
	MS, GREGORY J		8	1 Name			
1801 7TH ST SW				Street Address (P.O. Box Number is Not Acceptable)			
WINTER HAVEN FL 33880							
			8:	3			
			8-	4 City		— 85	Zip Code
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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 (NOTE: R				stored Agent signature required when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRE	
TITLE	DA President	☐ DELETE	1.1 TITLE 1.2 NAMI			LJ VI	ange L aguituii
NAME							
1	STREET ADDRESS 1801 7TH ST SW			L1 ADDRESS			
CITY-ST-ZIP	VICE President Director DELETE			- S1 - ZIP	A-A-A-MAN MANAGE V 18 MANAGE V	☐ CH	ange Addition
TITLE		COLOR DITTE	2.1 TITLE 2.2 NAMI				ange
NAME	Moore, Goey 1ADDRESS 90 JAMES SCOTT COURT						İ
STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP	Winter HAVEN, FI			-\$1-ZIP		□ Ct	ange Addition
TITLE	1 DESCRIPTION TO THE PROPERTY OF THE PROPERTY			í	•	L. 0	lange La Rounion
NAME	DRESS 13 Lake Anrowhead Drive			ET ADODECC			
STREET ADDRESS	WINTER HAVEN, FI			E1 ADORESS			
CITY-ST-ZIP TITLE	Orector	DELETE	3.4. CITY 4.1 TITLE			T Ct	ange Addition
NAME	Diane Adams-Wienman			le l			
STREET ADDRESS	201 Avandale			ET ADORESS			
	Temple Terraea,	Fi					
CITY-ST-ZIP TITLE	Tample Teach-	DELFTE	4.4 CITY - 5.1 TITLE			□ Cr	ange Addition
NAME			5.2 NAM				
STREET ADDRESS				E1 ADDRESS			
			5.3 STHE		:		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 THLE			□ Cł	ange Addition
NAME		the second	6.2 NAM			<u></u> ,	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4 CITY	- 51 · ZII'			

14. I do hereby 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 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, in made under oath, that appears in Block 12 or Block 13 if changed, or on an attachment with an address.