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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90110 041 \*\*\*150.00

## DOCUMENT # P97000026561

1. Corporation Name

TRUITT ENGINEERING & CONSTRUCTION, INC.

Principal Place	of Business	Mailing Address				
15719 JERICHO	DRIVE	15719 JERICHO DRIVE	15719 JERICHO DRIVE			
ODESSA FL 33556		ODESSA FL 33556	ODESSA FL 33556			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						03/25/1997
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
<del>-</del>	lace of Dusiness		26			59-3434937 Not Applicable
21			Suite, Apt. #, etc.			- \$8.75 Acditional
22	.,, ===:	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23			28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29 3	0			Person al Property Tax.
	9. Name and Address of Curre	ent Registered Agent		04	NI	10. Name and Address of New Registere 1 Agent
TRUIT BUANE Pelline					Name	ruitt. Duane
	19 JERICHO DR			82	Street Add	d ress (P.O. Box Number is Not Acceptable)
	SSA FL 33556					
ODE	33330			83		
				84	City	FL 85 Zip Code
			41			
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	horized	i by t	ne coπporεt	orporation submits this statement for the purpose of changing its registered attacks to be considered as the control of circulars. I hereby accept the appointment as registered
SIGNATURE						u red when reinstating) DATE
	Signature, typed or printed na ne of registered ag	ent and title if applicable (NOTE: R	egistered 13.	Agent	signature requir	ADDITI()NS/CHANGES TO OFFICERS AND DIRECTOF'S IN 12
TITLE	PSTD	DELETE	1.1 TI	πE		Change Addition
NAME	TRUITT, DUANE J		1.2 N			
STREET ADDRESS	15719 JERICHO DRIVE		1		ADDRESS	
	ODESSA FL 33556			TY-ST		
CITY-ST-ZIP TITLE	ODEGOATE GOOD	☐ DELETE	2.1 TI			☐ Change ☐ Addition
NAME			2.2 N	AME	ľ	
STREET ADDRESS			2.3 \$1	REET	ADDRESS	
CITY-ST-ZIP			•	ITY-SI		
TITLE		☐ DELETE	3 1 TI			Change Addition
NAME			3.2 N	AME	-	
STREET ADDRESS			3.3 51	TREET	ADDRESS	
CITY-ST-ZIP			3,4, C	ITY-SI	r-ZIP	
TITLE		☐ DELETE	4.1 T/			Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP	
TITLE		☐ DELETE	5.1 TI	TLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
C/TY-ST-ZIP			5.4 CI	ITY-ST	- ZIP	
TITLE		☐ DELETE	6.1 Ti	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S1	TREET	ADDRESS	
COTY OT 7ID			64 C	ITY-ST	ZIP	

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further sertify 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 changer. Or on an attact ment with an address, with all other like empowered.

SIGNATURE: