

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90096 017 ***150.00

DOCUMENT # P97000065779

1. Corporation Name

TRUSTMARK ASSOCIATES, INC.

Principal Place of Business

10514 N OTIS AVENUE
TAMPA FL 33612
US

Mailing Address

10514 N OTIS AVENUE
TAMPA FL 33612
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

59-3460101

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7827 N. DALE MARY

Suite, Apt. #, etc.

22 SUITE 206

City & State

23 TAMPA FL

Zip

24 33614

Country

25 H'borough

2a. Mailing Address

26 7827 N. DALE MARY

Suite, Apt. #, etc.

27 SUITE 206

City & State

28 TAMPA, FL

Zip

29 33614

Country

30 H'borough

9. Name and Address of Current Registered Agent

WETHERELL, WILLIAM
10514 N OTIS AVENUE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

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

4600 W. Cymess - Ste 550

83

84 City TAMPA

FL

85 Zip Code 33607

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 William Wetherell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WETHERELL, WILLIAM
STREET ADDRESS 10514 N OTIS AVENUE
CITY-ST-ZIP TAMPA FL 33612

☐ DELETE

TITLE D
NAME MOUMNEH RAMZY
STREET ADDRESS 7827 N DALE MARY - Ste 206
CITY-ST-ZIP TAMPA, FL 33614

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4600 W. Cymess - #550
1.4 CITY-ST-ZIP TAMPA, FL 33607

☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME MOUMNEH, RAMZY
2.3 STREET ADDRESS 7827 N. DALE MARY - Ste 206
2.4 CITY-ST-ZIP TAMPA FLORIDA 33614

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)