


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90062 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000061864 1. Corporation Name TRUSTY MARKETING, INC.			
Principal Place of Business 1426 S.E. FT. KING STREET OCALA FL 34471		Mailing Address 1426 S.E. FT. KING STREET OCALA FL 34471	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 125 S.W. 11TH STREET Suite, Apt. #, etc. 22 City & State 23 OCALA, FLORIDA Zip Country 24 34474 25 USA		2a. Mailing Address 26 125 S.W. 11TH STREET Suite, Apt. #, etc. 27 City & State 28 OCALA, FLORIDA Zip Country 29 34474 30 USA	
3. Date Incorporated or Qualified 07/10/1998		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HOOP, ELIZABETH L 1426 S.E. FT. KING STREET OCALA FL 34471		10. Name and Address of New Registered Agent 81 Name BARHOUSH, A.J. 82 Street Address (P.O. Box Number is Not Acceptable) 1054 S.W. 1ST AVENUE 83 84 City OCALA, FL 85 Zip Code 34474	
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 <i>A. J. Barhoush</i> President DATE 4-15-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS HOOP, ELIZABETH L CITY-ST-ZIP 1426 S.E. FT. KING STREET OCALA FL 34471		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT 1.2 NAME BARHOUSH, A.J. 1.3 STREET ADDRESS 1054 S.W. 1ST AVENUE 1.4 CITY-ST-ZIP OCALA, FLORIDA 34474	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS BARHOUSH, A J CITY-ST-ZIP 1054 S.W. 1ST AVE. OCALA FL 34474		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE-PRESIDENT 2.2 NAME HOOP, ELIZABETH L. 2.3 STREET ADDRESS 1426 S.E. FT KING 2.4 CITY-ST-ZIP OCALA, FLORIDA 34471	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY/TREASURER 3.2 NAME WALKER, VALECIA 3.3 STREET ADDRESS 2667 S.W. 60TH AVENUE 3.4 CITY-ST-ZIP OCALA, FLORIDA 34474	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)