

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:39

DOCUMENT # **V04136** (0)

1. Corporation Name
TRUSTED HAND SERVICE, INC.

Principal Place of Business
**2333 GILMORE ST
JACKSONVILLE FL 32204
US**

Mailing Address
**2333 GILMORE ST
SUITE 310
JACKSONVILLE FL 32204
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **03/28/1994**

4. FEI Number **59-3101475** Applied For
Not Applicable

5. Certificate of Status Desired **\$0.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	2317 Gilmore Street	28	2317 Gilmore Street
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Jacksonville, FL	28	Jacksonville, FL
Zip	Country	Zip	Country
24	32204	25	US
29	32204	30	US

9. Name and Address of Current Registered Agent

MOON, KATY
~~2333 GILMORE ST~~ **2317 Gilmore St.**
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	PSD	1.1 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOON, KATY	1.2 NAME	
STREET ADDRESS	2333 GILMORE ST 2317 Gilmore St.	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP	
OFFICE	VPD	2.1 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, JOHN	2.2 NAME	
STREET ADDRESS	2333 GILMORE ST 2317 Gilmore St.	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP	
OFFICE	TD	3.1 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOON, YUNG	3.2 NAME	
STREET ADDRESS	2333 GILMORE ST 2317 Gilmore St.	3.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	3.4 CITY, ST, ZIP	
OFFICE	CD	4.1 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DEANNA	4.2 NAME	
STREET ADDRESS	2333 GILMORE ST 2317 Gilmore St.	4.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	4.4 CITY, ST, ZIP	
OFFICE	D	5.1 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOON, JAY	5.2 NAME	
STREET ADDRESS	2333 GILMORE ST 2317 Gilmore St.	5.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	5.4 CITY, ST, ZIP	
OFFICE		6.1 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment to this address.

SIGNATURE: **Deanna Jones** 17 Mar 95 904-388-2333
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Division Phone #