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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04136

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TRUSTED HAND SERVICE, INC.

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Principal Place of Business Mailing Address 2317 GILMORE ST 2317 GILMORE ST JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1992 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3101475 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOON, KATY 2333 GILMORE ST 82 Street Address (P.O. Box Number Is Not Acceptable) JACKSONVILLE FL 32204 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MOON, KATY NAME 1.2 NAME 2317 GILMORE ST STREET ADORESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP

TITLE DELETE 2.1 TITLE Change Addition MOON, YUNG NAME 2.2 NAME 2317 GILMORE ST STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change ☐ Addition 3.1 TITLE JONES, DEANNA NAME 3.2 NAME 2317 GILMORE ST STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition MOON, JAY NAME 4.2 NAME 2333 GILMORE ST STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE MALE 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TM E DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 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 11 if changed, or on an attachment with an address.

SIGNATURE:

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