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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90191 044 ***150.00

DOCUMENT # V04136

TRUSTED HAND SERVICE, INC.

Principal Place	of Business	Mai	illing Address				-	IS BILL SIBIL B	INIA BANKA BANKA NE	OLI BIOLI IBOL
2317 GILMORE JACKSONVILLE US	ST .		2317 GILMORE ST JACKSONVILLE FL 32204				DO NOT WRIT	E IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
							3. Date Incorporated or Qualifed 01/01/1992			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		<u> </u>	olied For
21		26]	Dutte Alexander				59-3101475		\$8.75 A	Applicable
Suite, Apt.:	#,"etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Red	
City & State	9	27	City & State				6. Election Campaign Financing		\$5.00	Mav Be
23		28					Trust Fund Contribution		Added to	
Zip	Country		Zip	Coun	itry		8. This corporation owes the curre	ent year Int		
24	25	29		30			Personal Property Tax.			□No
	9. Name and Address of Curr	ent Regist	ered Agent		81 1	Nama	10. Name and Address of New R	egistered	Agent	-
MOO	DN, KATY				°' '	Name				
	GILMORE ST				82 3	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
JACKSONVILLE FL 32204				ŀ	83					-
					84 (City			85 Zip C	nde
					-	•		FL	. `	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida	a. Such change was a	authorized	by the	named corpo e corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of t the appoi	changing its ntment as rec	registered jistered
SIGNATURE	THE STATE OF THE STATE OF									
	Signature, typed or printed name of registered :				Agent si	ignature required	when reinstating)	DATE	ID DIDECTO	
12.	OFFICERS							FICERS AN		RS IN 12
777.6	· · · · · · · · · · · · · · · · · · ·	AND DIRE	CTORS DELETE	13.	F		ADDITIONS/CHANGES TO OFF	FICERS AN	Change	RS IN 12
TITLE	PSD	AND DIRE	CTORS DELETE	1.1 Ππ			ADDITIONS/CHANGES TO OFF	FICERS AN		
NAME	PSD MOON, KATY	ANU DIKE		1.1 TITL 1.2 NAM	ΝE	DORESS	ADDITIONS/CHANGES TO OFF	FICERS AN		
NAME STREET ADDRESS	PSD MOON, KATY 2317 GILMORE ST	ANU DIKE		1.1 TITL 1.2 NAM	ME REET AL	DORESS	ADDITIONS/CHANGES TO OFF	FICERS AN		
NAME	PSD MOON, KATY 2317 GILMORE ST JACKSONVILLE FL	ANU DIRE		1.1 TITL 1.2 NAM 1.3 STF	ME REETAL Y-ST-Z		ADDITIONS/CHANGES TO OFF	FICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	PSD MOON, KATY 2317 GILMORE ST	AND DIRE	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT	ME REETAL Y-ST-Z LE		ADDITIONS/CHANGES TO OFF	FICERS AN	☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD MOON, KATY 2317 GILMORE ST JACKSONVILLE FL TD MOON, YUNG	YND DIKE	☐ DELETE	1.1 TITE 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAM 2.3 STF 2.4 CIT	ME REET AL Y-ST-Z LE ME REET AL	DORESS .	ADDITIONS/CHANGES TO OFF	TICERS AN	☐ Change	☐ Addition
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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:

Daytime Phone #