FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-27-95

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

4750 (9)

APPROVED AND FILED

95 APR 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V42370

1. Corporation Name

FLORIDA TRUSS, INC.

Principal Place of Business	Mailing Address
600 N THACKER AVE SUITE C-16 KISSIMMEE FL 34741 US	P O BOX 420417 KISSIMMEE FL 34742 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1992

3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 3363 W. Vine Street
Suite, Apt. #, etc.
22: Suite 205
City & State
23: Kissimmee, FL
Zip: 24: 34741 Country: 25: US

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29: Country: 30:

4. FEI Number: 59-3127850 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GERVASI, VINCENT J.
2400 NIGHTINGALE LANE
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	GERVASI, VINCENT J.	1.2 NAME		
STREET ADDRESS	2400 NIGHTINGALE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE	D/T	☒ Change ☐ Addition
NAME	GERVASI, BARBARA M.	2.2 NAME		
STREET ADDRESS	2400 NIGHTINGALE LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	D/V	☐ Change ☒ Addition
NAME		3.2 NAME	Terry L. Gates	
STREET ADDRESS		3.3 STREET ADDRESS	11204 Huxley Avenue	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32837	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Vincent J. Gervasi 4/24/94 407-870-8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402101 FP