FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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TRU-TEST ELECTRONIC BILLING INC.

Principal Place of Business Mailing Address PO BOX 120428 PO BOX 120428 CLERMONT FL 34712 CLERMONT FL 34712-0428						
			3. Date incorporated or Qualified 09/15/1992			port
2. Principal Place of Business 26. Mailing Address 21			4. FEI Number			lied For
26			59-3144989			
Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	 -		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 29	Countr 30	у		intangible tax u	nder s.	
urrent Registered Agent			10. Name and Address of New Re	gistered Agen	t	
	81	Name				
	82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	83	 				
	84	City		F1_ 85	Zip C	ode
7.0502 and 607.1508, Florida Stat State of Florida. Such change was obligations of, Section 607.0505, I	utes, the above s authorized b Florida Statute	re-named cor by the corpora s.	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of char of the appointm	nging its ent as r	registered egistered
					···	
		eni signature requ			CTORS	IN 12
			ADDITIONS/OFFANGES TO OFFIC			Addition
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DELETE		31-2Ir			hanoe	Addition
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		1				
	PO BOX 120428 CLERMONT FL 34712-04. 26. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 urrent Registered Agent 29 color of Florida Such change was obligations of, Section 607.0505, 100 agent and title displicable (N S AND DIRECTORS DELETE DELETE	PO BOX 120428 CLERMONT FL 34712-0428 26	PO BOX 120428 CLERMONT FL 34712-0428 28. Mailing Address 26	PO BOX 12028 CLERMONT FL 347120428 2. Mailing Address 2. Mailing Address 2. Let Mailing Address 2. Let Mailing Address 2. Let Mailing Address 3. Date incorporated or Qualified 09/15/1992 4. FEI Number 59-3 144989 Suite, Apt. #, etc. 2. City & State 2. Let Cition Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Florida Statutes 2. Let Country 2. Let Country 3. Date incorporated or Qualified 09/15/1992 4. FEI Number 59-3 144989 5. Certificate of Status Desired Trust Fund Contribution Trust Fund Contribution Florida Statutes 1. Name and Address of New Re 8. Street Address (P.O. Box Number is Not Acceptated Statutes) 8. Address (P.O. Box Number is Not Acceptated by the corporation's board of directors. I hereby acceptability and title if applicable (NOTE Registered Agent signeture required when reinstating) 1. ADDITIONS/CHANGES TO OFFICE 1.3 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 TITLE 3.2 NAME	PO BOX 120428 CLERMONT FL 347120428 2e. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City & State 29 30 Country 29 30 Country 29 30 Country 4. Fell Number 59-3144989 S. Certificate of Status Desired Trust Fund Contribution 3e. Date of O4/26/11 \$c. Certificate of Status Desired Trust Fund Contribution 4. This corporation has liability for intangible tax unprivate Florida Statutes 4. Florid	PO BOX 120x28 CLERMONT FL 347120428 3. Date incorporated or Qualified 09/15/1992 04/26/1996 24. FEI Number Apr Sy 3144989 Apr Sy 314498 Apr Sy 31449 Apr Sy 314498

14. If do 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.

3.4. CITY+ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY~ST-ZIP

63 STREET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

COLY-ST 2IP

STREET ADDRESS CITY: \$1-ZIP

NAME

TITLE

NAME STHEET ADDRESS

TITLE

NAME

CITY - ST - ZIP

STREET ADDRESS



4/8/97

352-352-394-1744

Daytime Phone #

Change

☐ Change

☐ Change

Addition

Addition

Addition

FILED

Apr 16 1997 8:00am

Secretary of State