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**PROFIT** CORPORATION ANNUAL REPORT 1996



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

DOCUMENT #

1. Corporation Name V66454

(2)

CLASSIC TRUSS COMPANY, INC.											
Principal Pla	ace of Business		M	ailing Address		•			8181 B1811 I	91911 QIBIT DIBIT	11811 BISI1 (68)
P.O. BOX 7761 P.O. BOX 7761 PORT ST. LUCIE FL 34995 PORT ST. LUCIE FL					L 34985						
								3. Date Incorporated or Qualified 09/25/1992		ite of Last Re 07/03/199	
2. Principal	Place of Busine	ess	2a.	2a. Mailing Address				4. FEI Number		<u> </u>	pplied For
21								65-0365985 Not App. \$8.75 Addition			lot Applicable
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State			<b>  <u>* :</u> </b>	27   City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added	to Fees
Zip		Country		Zip	Cour	nlry		8. This corporation has liability for i		tax under s	199.032,
24		25	2.9		30				□ No	d Amont	
	9. Name	and Address of Current	Regis	stered Agent		81	Name	10. Name and Address of New R	egistere	a Agent	
						81					
	iris, oliver					82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	ENTRAL PAR	IKWAY				83					
	re 240 Iart fl 3499	4								14-17	
310	MRI FL 3489	*				84	City		F	<b>L 85</b> Zip	Code
familiar SIGNATUR	r with, and acce RE	pt the obligations of, Sections of sections of protections of the protection of the	on 607 and their	.0505, Florida Statutes.	1E: Registered		t signature required	d of directors. I hereby accept the appointmentaling.  ADDITIONS/CHANGES TO OFF	DATE		
12.	55	OFFICERS AND	DIREC		13.	1T1 F		ADDITIONS/CHANGES TO OFF	ICENS A	Change	Addition
TITLE	PD	TAL CARV O		DELETE	1. 1 TI 1.2 NA					onango	
NAME		EN, GARY O.					ADDRESS				
STREET ADORE	55   <b>2002</b>	CIV BUILD AVENUE					ADDIRECT				
CITY OF 7ID	PORT	SW JULIET AVENUE					T-7IP				
CITY-ST-ZIP		ST. LUCIE FL		DELFTE		ηγ-S	T-ZIP		<del></del>	Change	☐ Addition
CHTY-ST-ZIP TITLE NAME	ST	ST. LUCIE FL		DELFTE	1.4 C	TY-S	T-ZIP			Change	Addition
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NAME STREET ADDRE	ST DRYD 2002	ST. LUCIE FL EN, TAMARA D. SW JULIET AVENUE		☐ DELETE	1.4 C) 2 1 T 22 N; 23 S; 24 C; 3.1 T	TTY-S TITLE AME TREET TITY-S TITLE	ADDRESS			☐ Change	Addition Addition
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I do hereby certify that the information supplied with this filing is voluntarity unlike and does not quality for the excitiption is stated in section 119.0/6/kg, notice a certify that the information indicable in this annual report or supplemental adjuval report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or direct if the corporation or the receiver if trutlee early wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on any vachment with an iddress.

GNATURE:

GNATURE:

SIGNATURE:

ICER OR DIRECTOR