

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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95 MAY 12 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L10804 (7)**

1. Corporation Name  
**TRIL, INC.**

Principal Place of Business

Mailing Address

4275 34TH ST., SO.  
SUITE 143  
ST. PETERSBURG FL 33711-4500  
US

4275 34TH ST., SO.  
SUITE 143  
ST. PETERSBURG FL 33711-4500  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/21/1989** 3a. Date of Last Report **06/30/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number **59-2964246** 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

10. Name and Address of New Registered Agent

**LACH, M. TIMOTHY  
4275 34TH ST., SO.  
SUITE 143  
ST. PETERSBURG FL 33711**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 *[Signature]* **M. TIMOTHY LACH** DIRECTOR **5-9-95**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **D**  
NAME **LACH, M. TIMOTHY**  
STREET ADDRESS **4275 34TH ST S, #143**  
CITY- ST- ZIP **ST PETERSBURG FL**

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY- ST- ZIP **000001487920  
-05/16/95--01006--007**

TITLE **D**  
NAME **LACH, MICHAEL W.**  
STREET ADDRESS **19029 US 19 NORTH**  
CITY- ST- ZIP **CLEARWATER FL**

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY- ST- ZIP **\*\*\*225.00**  **225.00** Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4 1 TITLE  Change  Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6 1 TITLE  Change  Addition  
6 2 NAME  
6 3 STREET ADDRESS  
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)(k), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an official list with an address.

SIGNATURE *[Signature]* **M. TIMOTHY LACH** **5/9/95** **(813) 578-1415**  
Signature typed or printed name of signing officer or director DATE