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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 519923 (7)

1. Corporation Name  
TRA-JAS, INC.



Principal Place of Business  
41522 US HWY 19 NO.  
TARPON SPRINGS FL 34689

Mailing Address  
41522 US HWY 19 NO.  
TARPON SPRINGS FL 34689-5114

3. Date Incorporated or Qualified  
12/08/1976

3a. Date of Last Report  
03/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1704406

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT M LLOYD  
25 PINWOOD TERR  
PALM HARBOR, FL  
PALM HARBOR FL 34683

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ROESSLER, TRACEY S  
25 PINWOOD TERR  
PALM HARBOR, FL 00000

11 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
ERIC R LLOYD  
813 8TH ST  
PALM HARBOR FL

12 NAME  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13 STREET ADDRESS  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

22 NAME  Change  Addition

23 STREET ADDRESS  Change  Addition

24 CITY-ST-ZIP  Change  Addition

25 CITY-ST-ZIP  Change  Addition

26 CITY-ST-ZIP  Change  Addition

27 CITY-ST-ZIP  Change  Addition

28 CITY-ST-ZIP  Change  Addition

29 CITY-ST-ZIP  Change  Addition

30 CITY-ST-ZIP  Change  Addition

14. I 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.

CR2E034 (9/96)