FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **553031** **(6)**

1. Corporation Name

TREND MANAGEMENT, INC.

Principal Place of Business	Mailing Address
50 SOUTH BELCHER RD CLEARWATER FL 34625 US	P.O. BOX 527 SOUTHPORT CT 06490 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/05/1977**

3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21: 33920 U.S. 19 North
22: Suite, Apt. #, etc.
23: City & State: Palm Harbor FL
24: Zip: 34684
25: Country: US

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

4. FEI Number: **59-1785929** ☐ 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

SPER, PAUL N.
50 S. BELCHER ROAD
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 33920 U.S. 19 North
83:
84 City: Palm Harbor FL 85 Zip Code: 34684

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	VSD	11 TITLE		☐ Change ☐ Addition
NAME	WILBUR, E PACKER	12 NAME		
STREET ADDRESS	2507 POST RD.	13 STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL 00000	14 CITY-ST-ZIP		
TITLE	C	21 TITLE		☒ Change ☐ Addition
NAME	SPER, PAUL N.	22 NAME		
STREET ADDRESS	50 SOUTH BELCHER RD	23 STREET ADDRESS	33920 U.S. 19 North	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	P	31 TITLE		☒ Change ☐ Addition
NAME	SANDIDGE, DENNIS E	32 NAME		
STREET ADDRESS	50 SOUTH BELCHER RD	33 STREET ADDRESS	33920 US 19 North	
CITY-ST-ZIP	CLEARWATER, FL 00000	34 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	TAS	41 TITLE		☐ Change ☐ Addition
NAME	JACKSON, ANNE R.	42 NAME		
STREET ADDRESS	2507 POST RD.	43 STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, CT 00000	44 CITY-ST-ZIP		
TITLE	VAT	51 TITLE		☐ Change ☐ Addition
NAME	HAZEN, WENDY F.	52 NAME		
STREET ADDRESS	2507 POST RD.	53 STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT CT	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☒ Change ☐ Addition
NAME	BOWERS, ELLEN P.	62 NAME		
STREET ADDRESS	50 SOUTH BELCHER RD.	63 STREET ADDRESS	33920 US 19 North	
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP	Palm Harbor, FL 34684	

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: _____ Wendy F. Hazen 4/7/95 303-255-3434
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0994173 FP