FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

4-24-95
P-12824 (2)

APPROVED AND FILED

95 APR 24 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **597305**

1. Corporation Name
TREBOR DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
2 N. TAMIAMI TRAIL SUITE 404 SARASOTA FL 34236	P.O. BOX 5027 SARASOTA FL 34277-2027

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/14/1978	03/11/1994

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 7553	4. FEI Number 59-1878285	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Bradenton, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 34210 / 30	8. The 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
GAUSE, PEYTON W. JR. 2 N. TAMIAMI TRAIL SUITE 404 SARASOTA FL 34236	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 _____ 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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	PRINE, ROBERT E	1.2 NAME	
STREET ADDRESS	~~2 N. TAMIAMI TRAIL~~ P.O. BOX 7553	1.3 STREET ADDRESS	6003 39th Ave W.
CITY-ST-ZIP	~~SARASOTA FL~~ BRADENTON, FL 34210	1.4 CITY-ST-ZIP	P.O. Box 7553 Bradenton, Fl Bradenton, FL 34210 34209
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	PRINE, ROBERT E	2.2 NAME	
STREET ADDRESS	~~2 N. TAMIAMI TRAIL~~ P.O. BOX 7553	2.3 STREET ADDRESS	P.O. Box 7553
CITY-ST-ZIP	~~SARASOTA, FL 00000~~ BRADENTON, FL 34210	2.4 CITY-ST-ZIP	Bradenton, FL 34210
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ 3/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0960043 CP