

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90010 011 ***150.00

0484658

DOCUMENT # 597305

1. Corporation Name

TREBOR DEVELOPMENT CORPORATION

Principal Place of Business

2 N. TAMiami TRAIL
SUITE 404
SARASOTA FL 34236

Mailing Address

P.O. BOX 5027
SARASOTA FL 34277
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1978

4. FEI Number

59-1878285

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4710 69th Ct. East
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Palmetto FL

City & State

28

Zip

24 34221 25 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GAUSE, PEYTON W. JR.
2 N. TAMiami TRAIL
SUITE 404
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

Julie Krokroskia

82 Street Address (P.O. Box Number is Not Acceptable)

83

315 58th St., Suite I

84 City

Holmes Beach

FL

85 Zip Code

34217

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

Julie Krokroskia

4/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PDST ☐ DELETE

NAME PRINE, ROBERT E
STREET ADDRESS P.O. BOX 5027, N/A
CITY-ST-ZIP SARASOTA FL 34277

TITLE V ☐ DELETE

NAME PRINE, ROBERT E
STREET ADDRESS P.O. BOX 7553, N/A
CITY-ST-ZIP BRADENTON FL 34210

TITLE V ☐ DELETE

NAME PERRY, EDWARD L
STREET ADDRESS P.O. BOX 7552, N/A
CITY-ST-ZIP BRADENTON FL 34210

TITLE V ☐ DELETE

NAME PRINE, BARBARA
STREET ADDRESS PO BOX 5027 N/A
CITY-ST-ZIP SARASOTA FL 34277

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

R. E. Prine, Jr.

4/22/99

941-729-8835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)