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CORPORATION ANNUAL REPORT

1995 P.97925

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

FILED
95 JUL 28 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92967 (1)

1. Corporation Name
TRC CONSUMER PRODUCTS, INC.

Principal Place of Business	Mailing Address
RT. 2. BOX 737 A TAMPA FL 33610	10822 US.92 EAST TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1982
3a. Date of Last Report: 07/27/1994

2. Principal Place of Business
21: 10822 US.92 EAST
Suite, Apt. #, etc 22:
City & State 23: TAMPA FL
Zip 24: 33610 Country 25: HILLSBOROUGH

2a. Mailing Address
26: 10013 KENDA DR
Suite, Apt. #, etc 27:
City & State 28: RIVERVIEW FL
Zip 29: 33569 Country 30: HILLSBOROUGH

4. FEI Number: 59-2213170 ☐ 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

RAMSEY,KYLE E.
10013 KENDA DR
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

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: Kyle E. Ramsey — Kyle E Ramsey — 7-10-95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1 1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	RAMSEY, THOMAS C	1 2 NAME	RAMSEY, KYLE E.	
STREET ADDRESS	P.O. BOX 337N/A	1 3 STREET ADDRESS	10013 KENDA DR	
CITY ST ZIP	MANGO FL 33550	1 4 CITY ST ZIP	RIVERVIEW FL 33569	
TITLE	VP	2 1 TITLE		☐ Change ☐ Addition
NAME	RAMSEY,KYLE E.	2 2 NAME		
STREET ADDRESS	P.O. BOX 1223 N/A	2 3 STREET ADDRESS		
CITY ST ZIP	RIVERVIEW FL 33569	2 4 CITY ST ZIP		
TITLE	S	3 1 TITLE		☐ Change ☐ Addition
NAME	RIDDLE, KAREN	3 2 NAME		
STREET ADDRESS	2108 ALDERWAY	3 3 STREET ADDRESS		
CITY ST ZIP	BRANDON FL 33571	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)(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: Kyle E. Ramsey — Kyle E Ramsey — 7-10-95 — 813-671-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302046 CP