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Apr 05, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>F96000002555</b>			
1. Corporation Name <b>TRIING INDUSTRIES, INC.</b>			
Principal Place of Business <b>433 WALKER ST 1 E HOLLY HILL FL 32117 US</b>		Mailing Address <b>433 WALKER ST 1 E HOLLY HILL FL 32117 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip Country <b>24</b> <b>25</b>		Zip Country <b>29</b> <b>30</b>	
9. Name and Address of Current Registered Agent <b>MCGUIRE, LARRY L 433 WALKER ST #1 E HOLLY HILL FL 32117</b>			
10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME <b>DP</b> STREET ADDRESS <b>MCGUIRE, LARRY L</b> CITY-ST-ZIP <b>448 BLUSTERY DR</b> <b>PORT ORANGE FL 32119</b> TITLE <input type="checkbox"/> DELETE NAME <b>DT</b> STREET ADDRESS <b>MCGUIRE, KAREN S</b> CITY-ST-ZIP <b>448 BLUSTERY DR</b> <b>PORT ORANGE FL 32119</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen S McGuire* RE *Karen S McGuire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99  
Date

904/248-0156  
Daytime Phone #