

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 08:00 AM

Secretary of State

INACTIVE

DOCUMENT # F97000002328

1. Entity Name
TRC INTERNATIONAL, LTD., CORPORATION



Principal Place of Business

217 WARD CIRCLE
BRENTWOOD, TN 37027-503 US

Mailing Address

217 WARD CIRCLE
BRENTWOOD, TN 37027-503 US



02282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1330533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINSON, JAMES D
7888 HEATHER LAKE COURT, EAST
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

100000094596
03/23/04-80003-004 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME RAMANNA, SURENDRA
STREET ADDRESS 217 WARD CIRCLE
CITY-ST-ZIP BRENTWOOD, TN 370277503

TITLE V
NAME MASON, JIMMY
STREET ADDRESS 217 WARD CIRCLE
CITY-ST-ZIP BRENTWOOD, TN 370277503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04
Date

615-661-7979
Daytime Phone #