

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **G63157 (3)**

1. Corporation Name
TRJ ENTERPRISES, INC.

Principal Place of Business Mailing Address
1577 COMPASS COURT 1577 COMPASS COURT
KISSIMMEE FL 34744-6809 KISSIMMEE FL 34744-6809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/27/1983 04/25/1994

2. Registered Agent Name 2a. Mailing Address
Robert W. White Robert W. White
1333 Aventura Way 1333 Aventura Way
Melbourne, Fl. Melbourne, Fl.

4. FEI Number Applied For
59-2345311 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**

7. This 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

ROBERT W. WHITE
1333 AVENTURA WAY
MELBOURNE, 32940

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, PERILIE H.	1.2 NAME	
STREET ADDRESS	3 SPENCER SHORES	1.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY, FL 33844	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ROBERT W.	2.2 NAME	
STREET ADDRESS	1333 AVENTURA WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE, FL 32940	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, TERRI GARCIA	3.2 NAME	Delete - No Longer officer or director
STREET ADDRESS	1333 AVENTURA WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE, FL 32940	3.4 CITY - ST - ZIP	
TITLE	CD	4.1 TITLE	
NAME	WHITE, THOMAS E	4.2 NAME	
STREET ADDRESS	1577 COMPASS CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE, FL 32743	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, CAROLYN	5.2 NAME	Delete - No Longer officer or director
STREET ADDRESS	1577 COMPASS CT.	5.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE, FL 32743	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 secretary 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 any attached page with an address.

SIGNATURE: **Thomas E. White** 1-18-95 407-847-3800