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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT** # J25476

(9)

TRW INVESTMENTS, INC.

**FILED** May 13 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					P 1004114 BIAU (100) Billi 410/1 100/1 1	JACA MANDAR MANDAN MANDAN MANDAN NA	DIF 31811 (83)
1238 TIBER / P.O. BOX 471 JACKSONVILI		PO BOX 47123 Jacksonville I Us	FL <b>32</b> 247-7123				
US	,				<ol> <li>Date Incorporated or Qualified 07/23/1986</li> </ol>	3a. Date of Last F 04/25/1996	· .
	lace of Business	2a. Mailing Addre	SS		4. FEI Number	Ar	pplied For
21		26	- <u></u> -		59-2704832		ot Applicable
Suite, Apt.		Suite, Apt. #, 6	olc.		5. Certificate of Status Desired		Additional equired
City & State		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29 29 of Current Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No	
14/5	ELLS, TIMOTHY R.	or Current Registered Agent		1 Name	TO. Name and Address of New Re	gistered Agent	
	38 TIBER AVENUE			M	ICHAEL K. LEGGETT		
12	SO TIDEN AVENUE		82 Street Add		ress (P.O. Box Number is Not Acceptal  2	ole)	
AA.	CKSONVILLE FL 32207			3 33.	2 5, 14 - 31KEET	<del></del>	
•	ONGOTIVICAL I E OCEO						
			18	4 City	Misma Maria de em	FL 85 Zip	Code 2 <i>0</i> 6
11. Pursuant t	to the provisions of Sections	s 607.0502 and 607.1508, Florida	a Statutes, the abo	wa-namad core	KSONUILLE poration submits this statement for the	nurpose of changing i	ite registered
<b>office</b> or re <b>age</b> nt. I a	egistered agent, or both in m familiar with, and agoogle	the State of Horida. Such chang the obligations of section 607.0	je was authorized 505, Florida Statut	by the corporal	tion's board of directors. I horeby acce	pt the appointment as	registered
SIGNATURE	Signature, typed or printed name of re	Rayge M	that I	Leggell	ired wher reinstating)	4247	
12,		CERS AND DIRECTORS	13.	ger casgjarjjire rediii	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12
TITLE	PST	D£L				Change	Addition
NAME .	<b>We</b> lls, timothy R.		1.2 NAM	£			
STREET ADDRESS	1238 TIBER AVENUE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY	- \$1 - ZIP			
TITLE	1	☐ DEL	FTE 2.1 TITL			Change	Addition
NAME			2.2 NAM	E			
STREET ADDRESS			2.3 STR	TT ADDRESS			
CITY-ST-ZIP				/-ST-ZIP			
TITLE		☐ DEL	ETE 3.1 TIT()			L Change	☐ Addition
NAME			3.2 NAM				
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NAME			4. 2 NAM				l
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CITY-ST-ZIP TITLE	<u> </u>	DEL DEL		-ST-ZiP		Change	Addition
NAME		€_] bet	5.2 NAN			change	L Addition
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CITY-ST-ZIP TITLE		DEL		· ST · ZIP		Change	Addition
NAME			6.2 NAM			onengo	
STREET ADDRESS			1	ET ADORESS			
]				- ST ZIP			
14. I do herel	by certify that the informatio	on supplied with this filing does o			d in Section 119 07(3)(i). Florida Statute	es. I further certify that	t the

Information indicated on this annual report or supplemental annual report and accurate and that my signature shall have the same legal effect as if made under eath; 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:

Tank PWells

Timera Platrice 4/2/97