FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 28 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J52665 (3)

1. Corporation Name
T.R.S.T. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
NE 65TH TERRACE P.O. BOX 22 LAWTEY FL 32058	NE 65TH TERRACE P.O. BOX 22 LAWTEY FL 32058

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1987
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business	2a. Mailing Address
21 NE 2nd Street	26 P.O. Box 22
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lawtey, FL	28 City & State: Lawtey, FL
24 Zip: 32058 25 Country: USA	29 Zip: 32058 30 Country: USA

4. FEI Number: 59-2676338 ☐ 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	10. Name and Address of New Registered Agent
SCOTT, OLIVIA T. NE 65TH TERRACE P.O. BOX 22 LAWTEY FL 32058	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): N.E. 2nd Street 83 P.O. Box 22 84 City: LAWTEY FL 85 Zip Code: 32058

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMPKINS, AURORA	1.2 NAME		
STREET ADDRESS	RT 1, BOX 11710	1.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	SCOTT, OLIVIA	2.2 NAME		
STREET ADDRESS	P.O. BOX 22 N.E. 65TH TERRACE	2.3 STREET ADDRESS	P.O. Box 22 N.E. 2nd St.	
CITY-ST-ZIP	LAWTEY FL	2.4 CITY-ST-ZIP	Lawtey, FL 32058	
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	SCOTT, JIMMIE	3.2 NAME		
STREET ADDRESS	P.O. BOX 22, NE 65TH TERRACE	3.3 STREET ADDRESS	P.O. Box 22 NE. 2nd St	
CITY-ST-ZIP	LAWTEY FL	3.4 CITY-ST-ZIP	Lawtey, FL 32058	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, HENRY	4.2 NAME		
STREET ADDRESS	880 N.W. 33RD WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, ANNETTE	5.2 NAME		
STREET ADDRESS	880 N.W. 33RD WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	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: Olivia J. Scott Olivia T. Scott 2/23/95 (904) 782-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0401997 FP