FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 4-4-96 P-30173 C

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

DOCUMENT # **J52665** **(3)**

1. Corporation Name

T.R.S.T. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
N.E. 2ND STREET P.O. BOX 22 LAWTEY FL 32058 US	P O BOX 22 P.O. BOX 22 LAWTEY FL 32058 US

2. Principal Place of Business 21 2530 Lake St.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 P.O. Box 22	Suite, Apt. #, etc. 27
City & State 23 LAWTEY, FL	City & State 28
Zip / Country 24 32058 / 25 US	Zip / Country 29 / 30

3. Date Incorporated or Qualified 01/21/1987	3a. Date of Last Report 02/28/1995
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

SCOTT, OLIVIA T.
N.E. 2ND STREET
P O BOX 22
LAWTEY FL 32058

10. Name and Address of New Registered Agent

81 Name: SCOTT, Olivia T.
82 Street Address (P.O. Box Number is Not Acceptable): Lake St.
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPKINS, AURORA RT 1, BOX 11710 WILLISTON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS	D SCOTT, OLIVIA P O BOX 22 N.W. 2ND ST	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D SCOTT, Olivia T. 2530 LAKE ST. LAWTEY, FL 32058
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, JIMMIE P O BOX 22, N.E. 2ND STREET LAWTEY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition D SCOTT, Jimmie L. 2530 LAKE ST LAWTEY, FL 32058
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, HENRY 880 N.W. 33RD WAY FT. LAUDERDALE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, ANNETTE 880 N.W. 33RD WAY FT. LAUDERDALE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 T. Scott Olivia T. Scott 3/26/96 (904) 782-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #