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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90189 030 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J52665

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

Principal Place of Business

2530 LAKE ST
PO BOX 22
LAWTEY FL 32058
US

Mailing Address

P O BOX 22
P.O. BOX 22
LAWTEY FL 32058
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1987

4. FEI Number

65-0236071

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

SCOTT, OLIVIA T
PO BOX 22 LAKE ST
P O BOX 22
LAWTEY FL 32058

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

TITLE	D	☐ DELETE
NAME	THOMPkins, AURORA	
STREET ADDRESS	RT 1, BOX 11710	
CITY-ST-ZIP	WILLISTON FL	
TITLE	D	☐ DELETE
NAME	SCOTT, OLIVIA T	
STREET ADDRESS	2530 LAKE ST	
CITY-ST-ZIP	LAWTEY FL	
TITLE	D	☐ DELETE
NAME	SCOTT, JIMMIEL	
STREET ADDRESS	2530 LAKE ST	
CITY-ST-ZIP	LAWTEY FL	
TITLE	D	☐ DELETE
NAME	ROBINSON, HENRY	
STREET ADDRESS	880 N.W. 33RD WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	ROBINSON, ANNETTE	
STREET ADDRESS	880 N.W. 33RD WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	21373 N.E. 40th ST
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Olivia T. Scott Olivia T. SCOTT

1-20-99

904/782-3477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)