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

011Y-\$1-7P

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

FILED Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 1. Corporation Name K61762 (6)TR*STAR, INC. Mailing Address Principal Place of Business % MAYETTA JOYCE TRENT % MAYETTA JOYCE TRENT 1731 SHADY LEAF DRIVE 1731 SHADY LEAF DRIVE DO NOT WRITE IN THIS SPACE VALRICO FL 33594-3129 VALRICO FL 33594-3129 3. Date Incorporated or Qualified <u>01/30/1989</u> 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 87-0427671 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes □ No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TRENT, MAYETTA JOYCE 1731 SHADY LEAD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 83 84 City 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, typed or profed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ____ Addition DELETE 1.1 10116 TITLE D NAME TRENT, LARRY WILLIAM 1.2 NAME 1731 SHADY LEAF DRIVE 1.3 STREET ADDRESS STREET ADDRESS VALRICO FL 1.4 CITY - ST - 7(P) CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE TRENT, MAYETTA JOYCE 2.2 NAME NAME 1731 SHADY LEAF DRIVE 2.3 STREET ADDRESS STREET ADDRESS VALRICO FL CITY-ST-ZIP 2 4 CHTY - ST - ZIP Addition DELETE Change 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - S1 - Z(P Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP

64 CHY-ST-ZIP 14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 of 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 altachment with an address.

51 TITLE

52 NAME

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6.2 NAME

5.3 STREET ADDRESS

63 STHEET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

TRENT) 01/05/08 813-685-3355

Change

Change

Addition

Addition