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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY - 1 AM 10:20

DOCUMENT # L90443

(7)

1. Corporation Name
TREVOR-MARTIN CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**440 HARBOR DRIVE NORTH
INDIAN ROCKS BEACH FL 34635-3115**

Mailing Address
**440 HARBOR DRIVE NORTH
INDIAN ROCKS BEACH FL 34635-3115**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1990**
3a. Date of Last Report **04/06/1994**

2. Principal Place of Business
21 **1924 IBIS DRIVE NE**
26 **1924 IBIS DRIVE NE**
Suite, Apt. #, etc.

4. FEI Number **59-3026647**
Applied For
Not Applicable

22 **Clearwater FL**
27 **Clearwater FL**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **34624** 25 **34624**
28 **34624** 30
Zip Country

8. This corporation has liability for intangible tax under S. 100.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, EDWIN I.
2310 WEST BAY DRIVE
LARGO FL 34640**

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	C
NAME	BORZONI, JOHN M.
STREET ADDRESS	440 HARBOR DR. NORTH
CITY - ST - ZIP	INDIAN ROCKS BCH FL
TITLE	P
NAME	BORZONI, JOHN T.
STREET ADDRESS	1924 IBIS DRIVE N.E.
CITY - ST - ZIP	CLEARWATER FL
TITLE	S
NAME	BORZONI, KALIE O.
STREET ADDRESS	1924 IBIS DRIVE N.E.
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	100 BLUFFVIEW DR #602
1 4 CITY - ST - ZIP	BELLEAIR BLUFFS FL 34640
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
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 110.07(3)(k), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John T Borzoni* **JOHN T BORZONI** 4/27/95 813 573 1490
Signature and typed or printed name of signing officer or director Date (typed or printed name)