FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$55000 May 13 1997 8:00am **PROFIT** FLORIDA DEPARTMENT STATE. CORPORATION Sandra B. Morti Secretary of State **ANNUAL REPORT** Secretary of Sta DIVISION OF CORPOR 1997 DONS DOCUMENT # L90443 **(7**) TREVOR-MARTIN CORPORATION Mailing Address Principal Place of Business 1924 IBIS DRIVE NE CLEARWATER FL 34624-6661 1924 IBIS DRIVE NE CLEARWATER FL 84624 Date Incorporated or Qualified 3a, Date of Last Report 07/27/1990 05/01/1996 2. Principal Place of Business 2a. Mailing Address FLI Number Applied For 59-3026647 26 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FORD, EOWIN I. 2310 WEST BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **LARGO FL 34640** 83 84 City 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 agont, 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 (NC)1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) Addition DELETE Change TITLE **3.1 TITLE BORZONI, GLADYS** NAME 1.2 NAME 100 BLUFFVIEW DR, #602 STREET ADDRESS 1.3 STREET ADDRESS **BELLEAIR BLUFFS FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 2.1 TITLE Addition TITLE BORZONI, JOHN T. 2.2 NAME NAME 1924 IBIS DRIVE N.E. STREET ADDRESS 2 3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 2. I CITY-ST-ZIP DELETE Addition 31 TITLE Change TITE F BORZONI, KAILIE O. NAME 3.2 NAME 1924 IBIS DRIVE N.E. STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME -4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELFTE Addition 5.1 TITLE T(T) F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the Afformation 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 eath; that ham an officer or director of the corporation or the receiver or trusted 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.