

L90443

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TREVOR-MARTIN CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** L90443

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William K. Lovelace

(Name of Contact Person)

Wilson, Ford & Lovelace, P.A.

(Firm/Company)

401 South Lincoln Avenue

(Address)

Clearwater, Florida 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

William K. Lovelace

(Name of Contact Person)

at ( 727 ) 446-1036

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

