1904/3

. 1 }

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700078153877

08/03/06--01054--016 **35.00

Shank

54

OF AUG -3 AM 8: 45

COVER LETTER

TO: Amendment Section Division of Corporations TREVOR-MARTIN CORPORATION (Name of Corporation) L90443 DOCUMENT NUMBER:_ 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) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section **Mailing Address: Amendment Section** Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flortida State ange is submitted for a corporation organized under the laws of the State of Flori er to change its registered office or registered agent, or both, in the State of Flori	orida	·
1. The name of the	the corporation: Trevor-Martin Corporation	<u>. </u>	
2. The principal of	l office address: 4151 -112th Terrace North, Clearwater, Florida 33	762	·
3. The mailing ac	address (if different): 125 Commercial Drive, Mooresville, NC 281	115	
4. Date of incorp	poration/qualification: 7/27/90 Document number: L90443		
	d street address of the current registered agent and registered office on file with the	ne	
	William K. Lovelace		-
	401 South Lincoln Avenue	≒	•
	Clearwater, Florida 33756 ₹	06	* ***
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	AUG -3	7
	John T. Borzoni	2	iTI
	4190 -112th Terrace North	ထ္	J
	(P.O. Box NOT acceptable)	र्भ	
	Clearwater, Florida 33762		
The street addre as changed will	ress of its registered office and the street address of the business office of its re il be identical.	egisterec	i agent,
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	ficer so	
- Consignatur (Signatur)	John T. Borzoni, Protuce of an officer or directife) (Printed or typed name and unle)	esider	<u>1t</u>
oj my aunes, and document is bei	of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed in I am familiar with and accept the obligation of my position as registered a ching filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change.	ete perfe gent. O confirm	ormance r, if this that the
ande	n 802/m - 8/1/06		
	ehalf of an entity:	7.4	
11 Steining On Oc.	omis of mi office.		
(Ī	(Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)