

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY - 1 PH 2: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M02956**

(4)

1. Corporation Name

**TROJAN HORSE, INC.**

Principal Place of Business

2100 SW 76TH CT  
MIAMI FL 33155-1423  
US

Mailing Address

2100 SW 76TH CT  
MIAMI FL 33155-1423  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2443334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

2b

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, RICHARD C.  
2100 SW 76TH CT  
~~MIAMI FL 33155~~  
MIAMI FL 33155

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HARRIS, RICHARD C.  
STREET ADDRESS 2100 SW 76 COURT  
CITY - ST - ZIP MIAMI FL

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE V  
NAME HARRIS, ANNE C  
STREET ADDRESS 2100 SW 76 CT  
CITY - ST - ZIP MIAMI FL

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE V  
NAME HARRIS, JNO. MARK  
STREET ADDRESS 2100 SW 76 CT  
CITY - ST - ZIP MIAMI FL

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE V  
NAME APPLE, CHARLES H.  
STREET ADDRESS 118 SHER LANE  
CITY - ST - ZIP DE BARY FL

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE V  
NAME O'DONNELL, KATHLEEN  
STREET ADDRESS RT 8 BOX 113  
CITY - ST - ZIP SEVIERVILLE TN

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **President Richard C. Harris** *Richard C. Harris*, April 25, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone: (305) 261-7209

0186327 CP