FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M89201

(1)

TRIMAT, INC.

CITY-ST-ZIP

400 N ROCKINGHAM AVENUE	400 N ROCKINGHAM AVENUE
TAVARES FL 32778	TAVARES FL 32778
Principal Place of Business	Mailing Address

FILED May 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1988 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 59-292 1064 Not Applicable 21 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Bo 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ABERNATHY, ROBERT 400 ROCKINGHAM AVENUE Street Address (P.O. Box Number is Not Acceptable) TAVARES FL 32778 City 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 I florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, include except the college truly of, Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 3016 Addition TITLE ABERNATHY, ROBERT NAME 1.2 NAME 203 EAST CAROLINE ST. 1.3 STREET ADDRESS STREET ADDRESS TAVARES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE ABERNATHY, HAZEL 2.2 NAME NAME 203 E. CAROLINE ST. STREET ADDRESS 2.3 STREET ADDRESS TAVARES FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST- ZIP DELETE Change Addition TITLE G.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empewered 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 own attachment with an address.

6.4 CITY - ST- ZIP