

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
**95 APR 17 PM 1:05**  
  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000036708 (4)**

1. Corporation Name

**PRIMERICA DEVELOPMENTS, INC.**

Principal Place of Business

Mailing Address

**9257 LAZY LANE  
TAMPA FL 33614  
US**

**9257 LAZY LANE  
TAMPA FL 33614  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/17/1993**

3a. Date of Last Report

**05/01/1994**

2. Principal Place of Business

2a. Mailing Address

**21 92461 Lazy Lane**

**26 92461 Lazy Lane**

4. FEI Number

**65-0468880**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

**23 Tampa, FL**

City & State

**28 Tampa FL**

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

Zip Country

**24 33614 25 USA**

Zip Country

**29 33614 30 USA**

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

Yes  No

9. Name and Address of Current Registered Agent

**TRZCINSKI, RICHARD L  
9257 LAZY LANE  
TAMPA FL 33614**

10. Name and Address of New Registered Agent

**81 Name Richard L. Trzeinski**  
**82 Street Address (P.O. Box Number is Not Acceptable) 92461 Lazy Lane**  
**83**  
**84 City Tampa FL 85 Zip Code 33614**

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]*

(NOTE: Registered Agent signature required when reappointing)

**4/12/95**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PS	TRZCINSKI, RICHARD L	9257 LAZY LANE	TAMPA FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
	Richard L. Trzeinski	92461 Lazy Lane	Tampa, FL 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(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:

*[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/95**  
DATE