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 # 1. Corporation Name P93000080965 (5)

TRIMBLE MARR ENTERPRISES, INC.

Principal Place of Business Mailing Address					ı tabılağı ile tağağının danı abılı sanın	
		2477 NARCOOSSEE ROAD				
ST CLOUD FL ST CLOUD FL		ST CLOUD FL			DO NOT WRITE II	N THIS SPACE
					3. Date Incorporated or Qualified	
					11/18/1993	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3210789	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Added to Fees
Zıp	Country	Zip]	Country	,	8. This corporation owes or has paid	
24	25 25 Name and Address of Curren		30		Personal Property Tax due June 3 10. Name and Address of New Regi	
		it riegisteled Agent	81	Name	10. Name and Address of New York	stereo Agent
1	TRIMBLE, JACK B					
1	76 MAJESTIC ISLAND CIR.	•	82	Street A	Address (P.O. Box Number is Not Acceptable)
31.	. CLOUD FL 34771		83			
Į						
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	s. the above	a-named	corporation submits this statement for the pur	
office or I	registered agont, or both, in the State	of Florida, Such change was at	ithorized by	the corp	corporation submits this statement for the pur poration's board of directors. I hereby accept	the appointment as registered
1	an ramilal with and accept the civilg	anons or, section 607.0303, Flor	ioa Siaiute:	٠.		İ
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable: (NOTE:	Registered Age	ent signature	required when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
THILE	D	DELETE	1.1 TITLE			Change Addition
NAME	TRIMBLE, JACK		1.2 NAME	İ		İ
STREET ADDRESS	5376 MAJESTIC ISLAND CIR		1.3 STREET	ADDRESS		
CITY - ST - ZIP	ST CLOUD FL 34771		1.4 CITY-S	T-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	i i		Change Addition
NAME	TRIMBLE, DEBORAH M		2.2 NAME			
STREET ADDRESS	5376 MAJESTIC ISLAND CIR		2.3 STAEET	ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		2. 4 CITY - 5	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY - ST - ZIP			3.4. CITY-5	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME	1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE	·]	•	Change Addition
NAME			5.2 NAME	j		\
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	1-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition

6.2 NAME 6.3 STREET ADDRESS

opplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sleppents 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address. 14. I hereby certify that the indicated on this armual officer or director of the Block 12 or Block 13 if RIMBCR

NAME

STREET ADDRESS CITY-ST-ZIP

3.11-98

892.9155

FILED

Mar 23 1998 8:00am

Secretary of State