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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000022591 (9) DOCUMENT # 1. Corporation Name

TREVCO ENTERPRISES, INC.

Principal Place of Business Mailing Address 145 FOUR POINTS WAY 145 FOUR POINTS WAY TALLAHASSEE FL 32304 TALLAHASSEE FL 32310-7070 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3232981 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Z Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name TREVATHAN, JESSE 145 FOUR POINTS WAY **B2** Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32304 83 84 City 85 Zip Code 11. Pursuant to the previsions 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. Familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agen) signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)THE **PSD** DELETE 1.1 TITLE Change Addition NAME TREVATHAN, JESSE 12 NAME 145 FOUR POINTS WAY STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32304 CITY-ST ZIF 1.4 CITY - ST - ZIP ☐ Change TITLE VTD DELETÉ Addition 2.1 TITLE TREVATHAN, RHONDA NAME 2.2 NAME 145 FOUR POINTS WAY STREET ADORESS 2.3 STREET ADDRESS **TALLAHASSEE FL 32304** CITY - ST - ZIF 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHIY-ST-ZIE 3.4. CITY-ST-ZIP DELETE THILE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ACCURESS 4.3 STREET ADDRESS 4.4 CHTV-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAM 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZiP 5.4 CITY-ST-ZIP DELETE TILLE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 Lam 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 page

e corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

14. I do hereby 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

igod, or on an attachment with an ad

FILED Mar 11 1997 8:00am Secretary of State

