FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 27 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060220 (8)**

1. Corporation Name
TRESCIENTOS INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
110 N.E. FIFTH STREET WILLISTON FL 32696	110 N.E. FIFTH STREET WILLISTON FL 32696

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 Rt. 2, Box 170B
22 Suite, Apt. #, etc. N.W. 122nd Street
23 City & State: Alachua, Florida
24 Zip: 32615
25 Country:

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number — [X] 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 [X] No

9. Name and Address of Current Registered Agent

O'NEILL, WILLIAM G
110 N.E. FIFTH STREET
WILLISTON FL 32696

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when mail/delivery)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	President, Director	[ ] Change [X] Addition
NAME		1.2 NAME	Charles C. Kirkpatrick, Jr.	
STREET ADDRESS		1.3 STREET ADDRESS	Rt. 2, Box 170B, N.W. 122nd St.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Alachua, Florida 32615	
TITLE		2.1 TITLE	Secretary, Director	[ ] Change [X] Addition
NAME		2.2 NAME	Randy Kirkpatrick	
STREET ADDRESS		2.3 STREET ADDRESS	Rt. 2, Box 170B, N.W. 122nd St.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Alachua, Florida 32615	
TITLE		3.1 TITLE	Treasurer, Director	[ ] Change [X] Addition
NAME		3.2 NAME	Nancy J. Kirkpatrick	
STREET ADDRESS		3.3 STREET ADDRESS	Rt. 2, Box 170B, N.W. 122nd St.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Alachua, Florida 32615	
TITLE		4.1 TITLE		[ ] Change [ ] Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		[ ] Change [ ] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 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 attached sheet with any address.

SIGNATURE: _____ Charles C. Kirkpatrick, Jr., Pres. 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)