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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000034194 (7)

1. Corporation Name
TRIMCO CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
400 E. ATLANTIC BLVD., #19 POMPANO BEACH FL 33060	400 E. ATLANTIC BLVD., #19 POMPANO BEACH FL 33060-6255

3. Date Incorporated or Qualified: 04/27/1995
3a. Date of Last Report: 07/03/1996

2. Principal Place of Business	2a. Mailing Address
21 6265 W. Sample Rd	26 6525 W Sample Rd
Suite, Apt. #, etc. 22 Suite 121	Suite, Apt. #, etc. 27 Suite 121
City & State 23 Coral Springs, FL	City & State 28 Coral Springs
Zip / Country 24 33067 / 25 USA	Zip / Country 29 33067 / 30 USA

4. FEI Number: ~~65-0577419~~ 65-0577416 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCARTY, MICHAEL A 400 EAST ATLANTIC BLVD., #19 POMPANO BEACH FL 33060	81 Name: Same Name 82 Street Address (P.O. Box Number is Not Acceptable): 3079 Doubloon Dr. 83 84 City: Margate FL 85 Zip Code: 33063

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: M A M 2-2-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCARRY, MICHAEL A 400 E. ATLANTIC BLVD., #19 POMPANO BEACH FL 33060	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P McCarty, Michael A. 3079 Doubloon Dr Margate, FL 33063	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARGAN, PATRICA 7620 WESTWOOD DRIVE 205 TAMARC FL 33321	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S Bargar, Patricia 3079 Doubloon Dr Margate, FL 33063	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 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: M A M Michael A. McCarty 2-2-97 954-466-3731