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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 # **P95000074265 (6)**

1. Corporation Name
TREVCO OF BREVARD, INC.

Principal Place of Business	Mailing Address
5150 DIXIE HWY NE PALM BAY FL 32905 US	5150 DIXIE HWY NE PALM BAY FL 32905-6068 US

3. Date Incorporated or Qualified: **09/26/1995**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: **59-3335974** ☐ 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

MOSLEY, CURTIS R ESQ.
1221 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: TERRY TREVELLINI
82 Street Address (P.O. Box Number is Not Acceptable): 5150 DIXIE HWY. NE
83: PALM BAY
84 City: FL — 85 Zip Code: 32905

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: Terry Trevellini TERRY TREVELLINI; PRES. 1-16-97
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	DP	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	TREVELLINI, TERRY		1.2 NAME	PATRICIA G. TREVELLINI	
STREET ADDRESS	5150 DIXIE HWY NE		1.3 STREET ADDRESS	5150 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	~~PATRICIA G. TREVELLINI~~	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~5150 DIXIE HWY NE~~ (SEC.)		2.2 NAME		
STREET ADDRESS	~~PALM BAY FL~~		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-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-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Terry Trevellini TERRY TREVELLINI; 1-16-97 407-724-1639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #