FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000095253

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

TROWELL & SONS, INC.

14726 ELMONT AVE 14726 ELMONT AVE **BROOKSVILLE FL 34610 BROOKSVILLE FL 34610** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/13/1995 4. FEI Number Applied For-2a. Mailing Address 2. Principal Place of Business 59-3349273 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Zip Country Пио 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TROWELL, BRET A Street Address (P.O. Box Number is Not Acceptable) 82 14726 ELMONT AVE **BROOKSVILLE FL 34610** 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicab ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE TROWELL, BRET 1.2 NAME NAME 14726 ELMONT AVE 1.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34610** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

hment with an address, with all other like empowered. SIGNATURE:

6.1 TITLE

5.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

☐ DELETE

FILED

May 24, 1999 8:00 am Secretary of State

05-24-1999 90021 013 ***150.00

CR2E034 (11/98)

Addition