

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUN 26 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000018237 (3)

1. Corporation Name  
TREY LANE, INC.



Principal Place of Business

418 BRIGHT STAR LN  
JACKSONVILLE FL 32225

Mailing Address

418 BRIGHT STAR LN  
JACKSONVILLE FL 32225-5120

2. Principal Place of Business

21 2027 CHEROKEE DR

Suite, Apt. #, etc.

22 City & State

23 NEPTUNE BCH FL

Zip Country

24 32266

25

2a. Mailing Address

26 2027 CHEROKEE DR

Suite, Apt. #, etc.

27 City & State

28 NEPTUNE BCH FL

Zip Country

29 32266

30

3. Date Incorporated or Qualified

02/26/1996

3a. Date of Last Report

4. FEI Number

59-3373646

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

LEMASTER, JOSH P CPA  
200 EXECUTIVE WAY  
SUITE 210  
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name  
GLYNN LANE  
82 Street Address (P.O. Box Number is Not Acceptable)  
418 BRIGHT STAR LN  
83 2027 CHEROKEE DR  
84 NEPTUNE BCH  
JACKSONVILLE FL 85 32266  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

GLYNN LANE  
418 BRIGHT STAR LN  
JACKSONVILLE, FL 32225

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

P  
GLYNN LANE  
2027 CHEROKEE DR  
NEPTUNE BCH, FL 32266

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

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

Signature, typed or printed name of registered agent and title if applicable.

4-1597 (904) 249-3732

CR2E034 (9/96)