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

CITY-ST-ZIP

Mar 26 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS P96000034559 (0) DOCUMENT # T.R.C. INVESTMENTS, INC. Principal Place of Business Mailing Address 222 EAST 4TH STREET P.O. BOX 789 PANAMA CITY FL 32401 PANAMA CITY BEACH FL 32402 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 P.O.BUX 1843B 59-3380216 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Aniana City BEACL Trust Fund Contribution 23 Added to Fees Zip Country This corporation owes or has paid the current year Intangible 32417 Personal Property Tax due June 30. ☐ Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name CAMPBELL, TROY R 222 EAST 41H STREET 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 64 City 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 607.0506, Florida Statutes. SIGNATURE Signature, typical or printed trame of registered agent and little if applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ✔ Change Addition TITLE 1.1 TITLE CAMPBELL, TROY R. NAME CAPNELL, TROY R CHAIRMA 2 NAME M ODERACTION 3 STREET ADDRESS D. C. BOX 18438 STREET ADDRESS P.O\_BOX-789-7 PANAMA CITY BEACH FL 32402 1.4 CITY-ST-ZIP PANAMA City BCL. CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I 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.

**FILED**