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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059119

1. Corporation Name
TREW CORPORATION

Principal Place of Business	Mailing Address
75 OAKLAND HILLS PLACE ROTONDA WEST FL 33947 US	75 OAKLAND HILLS PLACE ROTONDA WEST FL 33947 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/15/1996

4. FEI Number: 65-0688289 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 [redacted]	26 P.O. Box 7786
22 Suite, Apt. #, etc. 2110 PLACIDA RD.	27 Suite, Apt. #, etc.
23 City & State ENGLEWOOD, FLORIDA	28 City & State MYRTLE BEACH, SC
24 Zip 34224 25 Country USA	29 Zip 29577 30 Country USA

9. Name and Address of Current Registered Agent

TREW, ROWLAND
75 OAKLAND HILLS PLACE
ROTONDA WEST FL 33947

10. Name and Address of New Registered Agent

81 Name: TREW, ROWLAND
82 Street Address (P.O. Box Number is Not Acceptable): 12350 MITCHELL TERRACE
83
84 City: PORT CHARLOTTE FL 85 Zip Code: 33981

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: Rowland Trew ROWLAND TREW — APRIL 9, 1999
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	PD TREW, ROWLAND 75 OAKLAND HILLS PLACE ROTONDA WEST FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD TREW, ROWLAND 12350 MITCHELL TERRACE PORT CHARLOTTE, FL. 33981	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TREW, SUSAN 75 OAKLNAD HILLS PLACE ROTONDA WEST FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD TREW, SUSAN BOX 7786 MYRTLE BEACH, SC 29577	☒ 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

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, with all other like empowered.

SIGNATURE: Susan Trew SIGNATURE REQUIRED — APR 9/99 — (843) 449-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)