Applied For

=Fee Required= \$5.00 May Be

Added to Fees

Yes

□No

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095447

	TRENT REALTY, INC.	INC.									
- 1	Principal Place of Business 298 E EAU GALLIE BLVD	Mailing Address 298 EAU GALLIE BLVD	298 EAU GALLIE BLVD								
- 1	INDIAN HARBOR BEACH FL 32937 US	INDIAN HARBOR BEACH FL 32937 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/18/1996					
⊢	2. Principal Place of Business	2a. Mailing Address	•			4. FEI Number 59-3412670					
L	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8. 				
	City & State	City & State	T			6. Election Campaign Financing Trust Fund Contribution	\$5 Ad				
Ĺ	Zip Country 24 25	Zip 29	Co.	Country		This corporation owes the current year In Personal Property Tax.	tangible				
F	Name and Address of Current Registered Agent			81	Name	10. Name and Address of New Registered	Agent				
	TRENT, ROY J 133 CORAL WAY EAST			82		ess (P.O. Box Number is Not Acceptable)					
	INDIALANTIC FL 32903			83							

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90095 012 ***150.00



INDI.	ALANTIC FL 32903		83						
			84	City	•	FL	85	Zip Co	ode
office or r	to the provisions of Sections 607.0502 are egistered agent, or both, in the State of F m familiar with, and accept the obligation	iorida. Such change was au	inorizea ov	the corporatio	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of o	hangir tment	ng its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Age	nt signature required	s when reinstating)	DATE			
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRE	CTOF	
TITLE	D	☐ DELETE	1.1 TITLE				Cha	ange	☐ Addition
NAME	TRENT, ROY J		1.2 NAME						
STREET ADDRESS	133 CORAL WAY EAST		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	2.1 TITLE				☐ Cha	ange	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	TADDRESS					
CITY-ST-ZIP-			2. 4 CITY-5	ST-ZIP					
TITLE		☐ DELETE →	3.1 TTLE	***	ر ۽ ديد جب ڪيونون پهنست س		Cha	ange	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS	•		3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE	-	☐ DELETE	4.1 TITLE				Chi	ange	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS	•		4.3 STREE	TADDRESS					
CITY-ST-ZIP		_	4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Ch	ange	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADORESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Chi	ange	Addition Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADORESS					
CITY-ST-ZIP	J. A. S. S. S.		6.4 CITY- S	T-ZIP					
14. I hereby	certify that the information supplied with t	his filing does not qualify for	the exempt	ion stated in S	Section 119.07(3)(i), Florida Statutes. I fui	ther cert	ify that	the in	formation

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: