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Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000006691 (4)

1. Corporation Name

TREVANA INVESTMENTS, INC.

Principal Place of Business

4134 GULF OF MEXICO DR  
SUITE 302  
LONGBOAT KEY FL 34236

Mailing Address

4134 GULF OF MEXICO DR  
SUITE 302  
LONGBOAT KEY FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number  
65-0730814

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 2477 STICKNEY PT. RD.

Suite, Apt. #, etc.  
22 SUITE 123 B

City & State  
23 SARASOTA, FL

Zip  
24 34231

Country

2a. Mailing Address  
26 P. O. BOX 2519

Suite, Apt. #, etc.

City & State  
28 SARASOTA, FL

Zip  
29 34230

Country

9. Name and Address of Current Registered Agent

KITSON, TREVOR J  
4134 GULF OF MEXICO DR  
SUITE 302  
LONGBOAT KEY FL 34236

10. Name and Address of New Registered Agent

81 Name  
TREVOR J. KITSON

82 Street Address (P.O. Box Number is Not Acceptable)

83 145 PUESTA DEL SOL

84 City  
OSPREY

FL

85 Zip Code  
34229

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME D  
STREET ADDRESS KITSON, TREVOR J  
CITY-ST-ZIP 4134 GULF OF MEXICO DR  
LONGBOAT KEY FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 145 PUESTA DEL SOL  
1.4 CITY-ST-ZIP OSPREY, FL 34229

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

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

SIGNATURE: x T. J. Kitson

TREVOR J. KITSON

x 2-4-98 (941) 966-7465

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