

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90153 028 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000002202**

1. Corporation Name

**TRP ENTERPRISES, INC.**



Principal Place of Business <b>13-H LEXINGTON LN E PALM BEACH GARDENS FL 33418-7119</b>	Mailing Address <b>PO BOX 31132 PALM BEACH GARDENS FL 33420-1132</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/07/1998**

4. FEI Number

**65-0803153**

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

2. Principal Place of Business  
21 **6517 Banner Lk Cir**

2a. Mailing Address  
26 **PO Box 691175**

Suite, Apt. #, etc.  
22 **#15201**

Suite, Apt. #, etc.  
27

City & State  
23 **Orlando, FL**

City & State  
28 **Orlando, FL**

Zip Country  
24 **32821** 25 **USA**

Zip Country  
29 **32869-1175** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PURSELL, RUSSELL H  
-13-H LEXINGTON LN E-  
-PALM BEACH GARDENS FL 33418-7119-**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**6517 Banner Lake Circle, #15201**

83

84 City **Orlando,** **FL** 85 Zip Code **32821**

11. Pursuant to the provisions of Sections 607.0532 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P, D**  
STREET ADDRESS **Russell H. Pursell**  
CITY-ST-ZIP **6517 Banner Lake Cir, #15201  
Orlando, FL 32821**

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

TITLE ☐ DELETE  
NAME **S, T, D**  
STREET ADDRESS **Terry E. ROSS**  
CITY-ST-ZIP **6517 Banner Lake Cir, #15201  
Orlando, FL 32821**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 supplement if 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)