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

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000012244



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name TREWOL, INC.

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90067 045 ***150.00

Principal Wald by Business Mailing Address						٧			
3176	E.VENICE AVE.			_					
VENICE, FLORIDA 34292 31/6 E. Venice Venice, FL 342 2. Principal Place of Business 2a. Mailing Address						DO NOT WEIT	E IN THIS S	SDACE	
Venice, FL 34				92	-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						2/5/98			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		I A	pplied For
21 1648 VALLEY DRIVE 26 1648 VALLEY			TTDV D	DDTVE		65-0813177			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			. L L L Y - L) 	I DKI-VB				\$8.75	Additional
22 27						5. Certifcate of Status Desired		Fee R	tequired
City & State VENICE, FL 34292 VENICE, FL				20.5		_6Election_Campaign_Financing_	-[7		May Be
23	•	20		Trust Fund Contribution 7 (adds to 7 666					to Fees
Zip	Country	Zip				8. This corporation owes the curre	•	~	□No
24 34292	9. Name and Address of Current I	29 34292	30 U	SA		Personal Property Tax. 10. Name and Address of New Re		Yes	
-	9. Name and Address of Current	registered Agent		81 Na	ame	IV. Name and Address of New Ad	sgistereu A	gent	
TOREN P WOLVED									
1648 VALLEY DRIVE				82 Str	reet Addres	s (P.O. Box Number is Not Acceptat	ole)		
VENICE, FL 34292				83					
	,			04 07	<u> </u>			les Zin	Codo
{				84 Cit	ity		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the a	bove-nar	med corpora	ation submits this statement for the p	urnose of c	hanging it	s registered
οπice of a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.050	was autnorizet 5, Florida Stat	a by the d stes.	corporation:	s board or directors. Thereby accept	. uie appoint	ment as n	egistered
			R.U) vl	Can	President 3/10/	99		
	Signature, typed of printed hame of registered agent a		(NOTE: Registered	I Agent signe	ature required w		DATE	DIDEOT	ODC IN 42
12.	OFFICERS AND	DIRECTORS	13.	TI E	1	ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition
TITLE	President	□ DECE	TE 1.1 TI 1.2 N					C) change	
NAME	Loren R. Wolter				DECC.				
STREET ADDRESS	1648-Valley-Driv	e		TREET ADOR	RESS				
CITY-ST-ZIP	Venice, FL 34292	₩ DELE		TY-ST-ZIP				Change	Addition
NAME	Vice President	75-22	22 N		J.	ce President		A	
STREET ADDRESS	Lois J. Treat			TREET ADDR	Ro	semāry∵B⊊∴Wolteı	c		
CITY-ST-ZIP	3176 E. Venice a			ITY-ST-ZIP	סון וי	48 Valley Drive			
TITLE	Venice, FL 34292	∏ DELE			- ∨e	enice, FL 34292		Change	Addition
NAME	Secretary		3.2 N		l l	cretary		/S= <u></u>	<u> </u>
STREET ADDRESS	LINDA Gucker			REET ADDR		semary B. Wolter	r		
CITY-ST-ZIP	3175 E. Venice,			ITY-ST-ZIP	16	348 Valley Drive			
TITLE	Venice, FL 34292	☐ DELE			Ve	enice, FL 34292		Change	☐ Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 \$1	TREET ADDR	RESS				
CITY-ST-ZIP				TY-ST-ZIP				1	
TITLE	Treasurer	DEFE.			Tr	easurer	,	Change	☐ Addition
NAME	Linda Gucker	-	5.2 N		Lo	ren R. Wolter		•	
STREET ADDRESS	3176 E.Venice av	e ·		REET ADDR		48 Valley Drive			
CITY-ST-ZIP	Venice, FL 34292			TY-ST-ZIP		nice, FL 34292			
TITLE	,	☐ DELE				•		Change	Addition
NAME			62 NA						
STREET ADDRESS				REET ADDR	KESS	•			
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP					

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 Loren R Wolter OF SIGNING OFFICER OR DIRECTOR