FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR -5 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 910827

1. Corporation Name
TRUMPET COACH, INC.

Principal Place of Business
5674 HUMMINGBIRD RD
P.O. BOX 126
BASCOM, FL. 32423

Mailing Address
5674 HUMMINGBIRD RD
P.O. BOX 126
BASCOM, FL. 32423

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/05/90
3a. Date of Last Report:

2. Principal Place of Business
21 RT 77A. FALLING WATERS RD
Suite, Apt. #, etc. 22
City & State 23 CHIPLEY, FL. 32428
Zip 24 32428 Country 25 WASHINGTON

2a. Mailing Address
26 P.O. DRAWER F.
Suite, Apt. #, etc. 27
City & State 28 CHIPLEY, FL.
Zip 29 32428 Country 30 WASHINGTON

4. FEI Number: 59-3036639 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CHRIS R. SIKES
5674 HUMMINGBIRD RD
BASCOM, FL. 32423

10. Name and Address of New Registered Agent
81 Name: DEBORAH A. RUSS
82 Street Address (P.O. Box Number is Not Acceptable): RT 77A. FALLING WATERS RD.
83
84 City: CHIPLEY FL 85 Zip Code: 32428

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: X Deborah A. Russ — 3/29/95
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	D/P	11 TITLE	PRES ☒ Change ☐ Addition
NAME	SIKES, CHRIS R.	12 NAME	DEBORAH A. RUSS
STREET ADDRESS	5674 HUMMINGBIRD RD.	13 STREET ADDRESS	RT 5 FALLING WATERS RD
CITY ST ZIP	BASCOM, FL	14 CITY ST ZIP	CHIPLEY, FL. 32428
TITLE	D/S	21 TITLE	V. P. ☒ Change ☐ Addition
NAME	SIKES, TRACIE B.	22 NAME	CHRISTINE NAPIER
STREET ADDRESS	5674 HUMMINGBIRD RD	23 STREET ADDRESS	RT 5 FALLING WATERS RD
CITY ST ZIP	BASCOM, FL	24 CITY ST ZIP	CHIPLEY, FL. 32428
TITLE		31 TITLE	V. P. ☒ Change ☐ Addition
NAME		32 NAME	RUSSELL A. EVERETT
STREET ADDRESS		33 STREET ADDRESS	520 N. 6TH ST.
CITY ST ZIP		34 CITY ST ZIP	CHIPLEY, FL. 32428
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: DEBORAH A. RUSS Deborah A. Russ — 3/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date