

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:09

DOCUMENT # S20787 (5)

1. Corporation Name
TRRR, INC.

Principal Place of Business
380 NORTH BAYSHORE BLVD.
#207
CLEARWATER FL 34619

Mailing Address
PO BOX 4953
CLEARWATER FL 34618
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/21/1990
3a. Date of Last Report 01/20/1994

4. FEI Number 59-3041990
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

2. Principal Place of Business

2a. Mailing Address

31 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEFTER, TODD
380 NORTH BAYSHORE BLVD.
#207
CLEARWATER FL 34619

81 Name

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

83

84 City

FL

85

Zip Code

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE Todd Hefter TODD HEFTER - President 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	AGEE, RODNEY
STREET ADDRESS	534-A S GLENWOOD AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	DS
NAME	HEFTER, RALPH
STREET ADDRESS	534-A S GLENWOOD AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	DV
NAME	HEFTER, RICHARD
STREET ADDRESS	380 N BAYSHORE BLVD #207
CITY - ST - ZIP	CLEARWATER FL
TITLE	DPT
NAME	HEFTER, TODD
STREET ADDRESS	380 N BAYSHORE BLVD #207
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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: Todd Hefter TODD HEFTER - President 1/31/95 813-725-3022
Signature and typed or printed name of signing officer or director Date Daytime Phone #