

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S55070 (4)**

1. Corporation Name  
**TRH ASSOCIATES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>300 S.W. 16TH ST.<br/>POMPANO BEACH FL 33080-9123</b> | Mailing Address<br><b>300 S.W. 16TH ST.<br/>POMPANO BEACH FL 33080-9123</b> |
|---|---|

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/22/1991</b> | 3a. Date of Last Report<br><b>09/27/1994</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21 1225 S. Dixie Hwy.</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br><b>26 P.O. Box 10366</b><br>Suite, Apt. #, etc. |
|---|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0272173</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |  |
|--|--|
| 22. City & State<br><b>23 Pompano Beach, Fl.</b> | 27. City & State<br><b>28 Pompano Beach, Fl.</b> |
|--|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

|                         |                               |                         |                               |
|-------------------------|-------------------------------|-------------------------|-------------------------------|
| 24. Zip<br><b>33060</b> | 25. Country<br><b>Broward</b> | 29. Zip<br><b>33061</b> | 30. Country<br><b>Broward</b> |
|-------------------------|-------------------------------|-------------------------|-------------------------------|

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REDSICKER, ROBERT R.  
200 S.W. 16TH ST.  
POMPANO BEACH FL**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | <b>DST</b>                  |
| NAME            | <b>REDSICKER, ROBERT R.</b> |
| STREET ADDRESS  | <b>200 S.W. 16TH ST.</b>    |
| CITY - ST - ZIP | <b>POMPANO BEACH FL</b>     |
| TITLE           | <b>DP</b>                   |
| NAME            | <b>REDSICKER, CHRIS</b>     |
| STREET ADDRESS  | <b>200 S.W. 16TH ST.</b>    |
| CITY - ST - ZIP | <b>POMPANO BEACH FL</b>     |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(a), 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 in an attachment with an address.

SIGNATURE:

*Robert R. Redsicker* 4/19/95 205-782-1409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #