

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 2:01

DOCUMENT # 301299 (4)

1. Corporation Name
TRI-ANGLE GROVE SERVICE INC

Principal Place of Business Mailing Address
3500 LAKE ALFRED ROAD 3500 LAKE ALFRED ROAD
WINTER HAVEN FL 33881 WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|------------|------------------------|------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/26/1966 | 3a. Date of Last Report 01/24/1994 |
| 21 | | 26 | | 4. FEI Number 59-1111133 | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| SUTTON, DONALD 3500 LAKE ALFRED ROAD WINTER HAVEN, FLORIDA 33881 | | | | 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUTTON, DONALD | 1.2 NAME | |
| STREET ADDRESS | 998 S LAKE ELBERT DR | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | WINTER HAVEN FL | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHINN, BETTY | 2.2 NAME | |
| STREET ADDRESS | P O BOX 937 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAKE ALFRED FL | 2.4 CITY - ST - ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, GENE | 3.2 NAME | |
| STREET ADDRESS | 222 2ND ST., S.W. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | WINTER HAVEN FL | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VAN DUSEN, DIANE | 4.2 NAME | |
| STREET ADDRESS | 6 CASA LOMA WAY | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAKELAND FL | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information furnished with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 its 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 new information with an address.

SIGNATURE: *Donald Sutton*
SIGNATURE OF OFFICER OR DIRECTOR OR REGISTERED AGENT
DONALD SUTTON

1-13-95 813-293-4406
Date (Typed) Initials (Typed)