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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

446789

(0)

TRI-T	ECH COMMUNICATIONS, II	NC.				
Principal Place	of Business	Maling Address			16 <b>4 0</b> 11114 1 <b>040</b> 01 6063 <b>8</b> 1011 010	EI DIOM OIBH DIOM BIOLI DIOM IDD
2025 S. MONFIOE STREET TALLAHASSEE FL 32301		2025 S. MONROE STREET TALLAHASSEE FL 32301				
 				3. Date incorporated of 02/25/1974		ote of Last Report 01/13/1995
2. Principal Pla	ace of Business	2a. Maling Address		4. FEI Number	<u>'</u>	Applied For
21		26		59-15175	59-1517534 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status	Desired	\$8.75 Additional
22		27				Fee Required
City & State		Orty & State		6. Election Campaign	- r 1	<b>\$5.00</b> May Be
23		28		Trust Fund Contribu		Added to Fees
Zip	Country	Ziρ	Country	8. This corporation ha Florida Statutes	s liability for intangible.  Yes No	tax under s. 199.032,
24	9. Name and Address of Current	29 Registered Agent	30	10. Name and Addres		d Agent
	g, Italie and Addition of Content	Trogistored Pigent	81 Na	ime		
MOVE	DO GIUNEA E		44	(2.0.0.1)		<del></del>
MOYERS, SIDNEY E 2025 S. MONROE STREET			82 Str	reet Address (P.O. Box Number is N	iot Acceptable)	,
TALLAHASSEE FL 32301						
inco	THOOLE IE GESCI		<u></u>			
			<b>84</b> Cri	ty	F	85 Zip Code
11. Pursuant t or register familiar wit	to the provisions of Sections 607,0502 ed agent, or both, in the State of Flord th, and accept the obligations of, Section	and 607.1508, Florida Statut la Such change was authoriz on 607.0505, Florida Statutes	es, the above name red by the corporate	ed corporation submits this statement on's board of directors. Thereby acc	nt for the purpose of opept the appointment of	hanging its registered office as registered agent. I am
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS AND		TE BUJ CHARLE Agust Sign	at the required set as receiving:  ADDITIONS/CHANG	DA'E GES TO DEFICERS AN	ND DIRECTORS IN 12
TIFLE •	PD	☐ DELETE	, 1 Juli	7.E.S.ITISIAS SITUAL	SEB TO OTTIONATION	☐ Change ☐ Addition
NAME	MOYERS, SIDNEY E.		1.2 NAME			
STREET ADDRESS	2025 S. MONROE STREET		1.3 STREET ADDR	RESS.		
City-ST-ZP	TALLAHASSEE FL		1.4 C:TY - ST - ZIP			
TITLE	STD	DELETE	2 1 TITLE		<del> </del>	Change Addition
NAME	MOYERS, EILEEN L.	_	2.2 NAMÉ	•		
STREET ADDRESS	2025 S. MONROE STREET		2.3 STREET ADDA	BESS		
CHTY - ST - Z P	TALLAHASSEE FL		2.4 City - \$1 - 7/2			
TITLE		DELETE	3 1 TIİLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	1		3.3 STHEET ADD	RESS		
CITY-ST-ZP			3.4 CITY - ST - ZIP	·		
TITLE		☐ DELE16	4 1 THLE			Change Addition
NAME			4.2 NAME			
STREET ADORESS			4.3 STREET ADDR	RESS		
CITY-ST-ZIP		ED Devere	4 4 CITY - ST - ZIF			
TIFLE		☐ DELETE	5 1 TillE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDE			
City -St - ZiP		ED DELETE	5 4 C+TY - S1 - Z+F			Chagas D Addition
TITLE		DELETE	6 1 Tift.F			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STRCET ADDR	452.		

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)(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 
64 CITY - ST - ZIP

SIGNATURE:

CITY - ST-ZIP

STANTURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 656-3000

CR2E034 (12/95)