FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 DEC 24 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 510020

1. Corporation Name: TRI-Sun Builders, INC

Principal Place of Business: 23334 Peachland Blvd, PT. Charlotte, FL 33949
Mailing Address: PO Box 380159, MURDOCK, FL 33938

2. Principal Place of Business: 21 ___ Suite, Apt #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified
3a. Date of Last Report

4. FEI Number: 59-1714668 — 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

John L. Polk
141 W. MARION AVE
Punta Gorda, FL 33950

10. Name and Address of New Registered Agent

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VICE-PRESIDENT	☒ DELETE
NAME	RANDY L. DIRMEYER	
STREET ADDRESS	17420 Valley Brook AVE	
CITY-ST-ZIP	PT. Charlotte, FL 33954	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	☒ DELETE
NAME	TINA M. DORO	
STREET ADDRESS	9242 Sweden Blvd	
CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE	TREASURER	☐ DELETE
NAME	Billie J. DIRMEYER	
STREET ADDRESS	~~PO Box 56~~ 20169 MT Prospect BLVD	
CITY-ST-ZIP	~~MURDOCK, FL 33938~~ PT Charlotte FL 33952	
TITLE	PRESIDENT	☐ DELETE
NAME	Larry J. DIRMEYER	
STREET ADDRESS	~~PO BOX 56~~ 20169 MT Prospect BLVD	
CITY-ST-ZIP	~~MURDOCK, FL 33938~~ PT Charlotte FL 33952	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
1.2 NAME	TINA M. DORO	
1.3 STREET ADDRESS	9242 Sweden Blvd	
1.4 CITY-ST-ZIP	Punta Gorda FL 33982	
2.1 TITLE	~~JAMES A D~~	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY	☐ Change ☒ Addition
3.2 NAME	JAMES A. DIRMEYER	
3.3 STREET ADDRESS	1730 New ST.	
3.4 CITY-ST-ZIP	NORTH PORT, FL 34286	
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		

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******8.75 ******8.75

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14. I do hereby certify that the information supplied with this filing 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: Billie J. Dirmeyer — 11-19-97 — (941)629-3127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #