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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L95130**

1. Corporation Name
TRI-CO SUPPLY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1763 2900 SW 3RD TERRACE OKEECHOBEE FL 34973	P.O. BOX 1763 2900 SW 3RD TERRACE OKEECHOBEE FL 34973

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/21/1990

4. FEI Number: 65-0231473 ☐ 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CRABTREE, LINDA D.
4329 SE 50TH AVENUE
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name: Linda D. Crabtree
82 Street Address (P.O. Box number is Not Acceptable): 3262 SW 4th Ave. Apt. 1102
83
84 City: Okeechobee FL 85 Zip Code: 34973

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: Linda D. Crabtree Linda D. Crabtree Pres. 1-19-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CRABTREE, LINDA D.		1.2 NAME	
STREET ADDRESS	4329 SE 50TH AVE		1.3 STREET ADDRESS	3262 SW 4th Ave Apt 1102
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CITY-ST-ZIP	Okeechobee, FL 34973
TITLE	S	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	WOODWARD, KIM P		2.2 NAME	
STREET ADDRESS	168 PINE LANE		2.3 STREET ADDRESS	HC 61
CITY-ST-ZIP	CLEWISTON FL 33440		2.4 CITY-ST-ZIP	Clewiston FL 33440
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PICKRON, W. MARCUS		3.2 NAME	
STREET ADDRESS	BOX 471 PINE LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FLGHOLE FL 33440		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CRABTREE, JERRY L		4.2 NAME	
STREET ADDRESS	4329 SE 50TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: [illegible] 3-25-99 941-467-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Linda D Crabtree, Pres.