

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

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 95 JAN 23 AM 9:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000011922 (0)
 1. Corporation Name
 TRI-COUNTY TRUSS, INC.

Principal Place of Business Mailing Address
 100 GRIFFIN ROAD PO BOX 308
 CHIPLEY FL 32428 CHIPLEY FL 32428

2. Principal Place of Business 2a. Mailing Address
 21 748 Griffin Road 26
 City & State City & State
 22 27
 23 28
 24 25 29 30

DO NOT WRITE IN THIS SPACE.
 3. Date Incorporated or Qualified 3a. Date of Last Report
 02/17/1993 03/02/1994
 4. FEI Number Applied For
 59-3166175 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
 TOWNSEND, LAMAR L
 100 GRIFFIN ROAD
 CHIPLEY FL 32428

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 748 Griffin Road
 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 _____ DATE _____
Register, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consisting)

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	TOWNSEND, LAMAR L	1.2 NAME	
STREET ADDRESS	P O BOX 308 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHIPLEY FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, DOUGLAS L	2.2 NAME	
STREET ADDRESS	P O BOX 387 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHIPLEY FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, JEANNETTE P	3.2 NAME	
STREET ADDRESS	P O BOX 308	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHIPLEY FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address.

SIGNATURE: Lamar L Townsend LAMAR L. TOWNSEND 1-19-95 904 638-5575
(Type) (Typed Name)