

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000011922 (0)

1. Corporation Name
TRI-COUNTY TRUSS, INC.



Principal Place of Business: 748 GRIFFIN ROAD, CHIPLEY FL 32428, US
Mailing Address: PO BOX 308, CHIPLEY FL 32428

3. Date Incorporated or Qualified: 02/17/1993
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-3166175
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: TOWNSEND, LAMAR L, 748 GRIFFIN RD, CHIPLEY FL 32428
10. Name and Address of New Registered Agent (81-85): TOWNSEND, LAMAR L., 748 Griffin Rd, P.O. Box 308, Chipley, FL 32428

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: *Lamar L. Townsend* DATE: 3-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: TOWNSEND, LAMAR L	1.1 TITLE:	
STREET ADDRESS: P O BOX 308 N/A	CITY-ST-ZIP: CHIPLEY FL	12 NAME:	
TITLE: VP	NAME: TOWNSEND, DOUGLAS L	13 STREET ADDRESS:	
STREET ADDRESS: P O BOX 387 N/A	CITY-ST-ZIP: CHIPLEY FL	14 CITY-ST-ZIP:	
TITLE: ST	NAME: TOWNSEND, JEANNETTE P	2.1 TITLE:	
STREET ADDRESS: P O BOX 308	CITY-ST-ZIP: CHIPLEY FL	22 NAME:	
TITLE:	NAME:	23 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	24 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	32 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	34 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	42 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	44 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	54 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	64 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)(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lamar L. Townsend* DATE: 3-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Lamar L. Townsend President Daytime Phone #: 904 638-5575

CR2E034 (12/95)