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Jan 21 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 506048 (8)

1. Corporation Name

TRIAX, INC.

Principal Place of Business

1441 CAXAMBAS COURT
P.O. BOX 383
MARCO ISLAND FL 33937
US

Mailing Address

1441 CAXAMBAS CT.
P.O. BOX 383
MARCO ISLAND FL 34146-0383
US

Delete P.O. Box 383 - Zip Code CHANGED

2. Principal Place of Business

21 1441 CAXAMBAS CT

2a. Mailing Address

26 1441 CAXAMBAS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MARCO ISLAND FL

27 MARCO ISLAND, FL

City & State

City & State

23 34145

28 34145

Zip

Country

USA

Zip

Country

USA

24

25

29

30

9. Name and Address of Current Registered Agent

BRUNER, DAVID E.
950 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

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 PD ☐ DELETENAME MCPHERSON, THOMAS
STREET ADDRESS 1441 CAXAMBAS COURT
CITY-ST-ZIP MARCO ISLAND FLTITLE S ☐ DELETENAME MCPHERSON, CAROLYN R.
STREET ADDRESS 1441 CAXAMBAS COURT
CITY-ST-ZIP MARCO ISLAND FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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:

Signature and typed or printed name of signing officer or director

1-9-97

941/394-3949

Date

Daytime Phone #

CR2E034 (9/96)