FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

MAY 1 1 9:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 514687 (3)

1. TRI-COUNTY WOODWORKING, INC.

U.S. HIGHWAY 19 NORTH
PO BOX 1396
CHIEFLND FL 32626

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PO BOX 1396
CHIEFLND FL 32626

3. Date Incorporated/Qualified: 11/10/1976

3a. Date of Last Report: 06/15/1994

4. FEI Number: 59-1704453 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financial Trust Fund Contribution: $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ICE, KEITH J.
U.S. HIGHWAY 19 NORTH
CHIEFLND FL 32626

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 Section 607.0505, Florida Statutes, the above named corporation submits the 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. Owners, and the appointed registered agent have agreed to the change of registered agent, as required by Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ICE, KEITH J.
STREET ADDRESS	U.S. HIGHWAY 19 NORTH
CITY, ST, ZIP	CHIEFLND FL
TITLE	TD
NAME	ICE, KEITH J.
STREET ADDRESS	U.S. HIGHWAY 19 NORTH
CITY, ST, ZIP	CHIEFLND FL
TITLE	VD
NAME	ICE, DENISE H.
STREET ADDRESS	U.S. HIGHWAY 19 NORTH
CITY, ST, ZIP	CHIEFLND FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: 5-1-95 904-493-1258

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

0412493 FP