SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **568948** **(4)**

1. Corporation Name
TRIGON, INCORPORATED

Principal Place of Business	Mailing Address
35 MAGNOLIA, YANKEETOWN, FL P O BOX 152 CRYSTAL RIVER FL 32623-0152	35 MAGNOLIA, YANKEETOWN, FL P O BOX 152 CRYSTAL RIVER FL 32623-0152

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/19/1978**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 1206 SE PARADISE AVE
Suite, Apt. #, etc. 22: #3
City & State 23: CRYSTAL RIVER FL
Zip 24: 34429 Country 25: CITRUS

2a. Mailing Address
26: PO Box 152
Suite, Apt. #, etc. 27:
City & State 28: CRYSTAL RIVER, FL
Zip 29: 34423 Country 30: CITRUS

4. FEI Number: **59-2035011** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCLAUGHLIN, ROBERT L
35 MAGNOLIA
YANKEETOWN FL 32698

10. Name and Address of New Registered Agent

01 Name:
02 Street Address (P.O. Box Number is Not Acceptable): 1206 SE PARADISE AVE
03: #3
04 City: CRYSTAL RIVER FL 05 Zip Code: 34429

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, BILLY G	1.2 NAME	
STREET ADDRESS	LOT 102, SPORTSMAN'S COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA, FLORIDA 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCLAUGHLIN, ROBERT L	2.2 NAME	
STREET ADDRESS	35 MAGNOLIA	2.3 STREET ADDRESS	1206 SE PARADISE AVE
CITY-ST-ZIP	YANKEETOWN FL	2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: R L McL ROBERT L. MCLAUGHLIN 8/7/95 904 795 2059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0165901 FP