

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **568948** (4)
1. Corporation Name
TRIGON, INCORPORATED

Principal Place of Business 4306 SE PARADISE AVE 43 CRYSTAL RIVER FL 34429 US	Mailing Address P. O. BOX 152 CRYSTAL RIVER FL 32623-0152 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8350 S. McLAUGHLIN TR.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/19/1978	3a. Date of Last Report 10/30/1996
22 Suite, Apt. #, etc. HO(N/A)		27 Suite, Apt. #, etc.		4. FEI Number 59-2035011	Applied For Not Applicable
23 City & State HOMOSASSA, FL.		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 34448		25 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29 Zip 34448		30 Country US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAUGHLIN, ROBERT L
4200 SE PARADISE AVENUE
43
CRYSTAL RIVER FL 34429

81 Name (SAME)
82 Street Address (P.O. Box Number is Not Acceptable) 8350 S. McLAUGHLIN TR.
83
84 City HOMOSASSA
85 Zip Code FL 34448

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 VD	<input type="checkbox"/> DELETE
NAME BLACK, BILLY G	
STREET ADDRESS LOT 102, SPORTMAN'S COVE	
CITY-ST-ZIP HOMOSASSA, FLORIDA 34429	
TITLE PD	<input type="checkbox"/> DELETE
NAME MCLAUGHLIN, ROBERT L	
STREET ADDRESS 4200 SE PARADISE AVE	
CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MICHAEL ARNETT	
1.3 STREET ADDRESS 5671 S. BOULEVARD ST.	
1.4 CITY-ST-ZIP HOMOSASSA, FL 34448	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 8350 S. McLAUGHLIN TR.	
2.4 CITY-ST-ZIP HOMOSASSA, FL. 34448	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] 9/15/97 3521563-48310

CR2E034 (4/97)