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FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 592881

(7)

1. Corporation Name

TRI-VENTURE MARKETING, INC.

Principal Place of Business

Mailing Address

2525 DRANE FIELD RD STE 1
SUITE #1
LAKELAND FL 33811

2525 DRANE FIELD RD STE 1
SUITE #1
LAKELAND FL 33811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1978

4. FEI Number

59-1861887

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINICHELLO, WILLIAM
2330 SEA ISLAND CIRCLE S
LAKELAND FL 33810

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GIDDENS, E. EUGENE
STREET ADDRESS 1108 N. SUGARTREE LANE
CITY- ST- ZIP LAKELAND FL

TITLE V
NAME TEASDALE, WALTER T
STREET ADDRESS 6507 STAFFORD TERR RD
CITY- ST- ZIP PLANT CITY FL

TITLE VT
NAME ANGLIN, FRANK D.
STREET ADDRESS 1528 HANSON AVE.
CITY- ST- ZIP LAKELAND FL

TITLE C
NAME DEAN, JOHN JACKSON J
STREET ADDRESS 112 STRATFORD DRIVE
CITY- ST- ZIP LOUISBUG NC

TITLE S
NAME MINICHELLO, WILLIAM
STREET ADDRESS 2330 SEA ISLAND CIRCLE SOUTH
CITY- ST- ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I 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: *William C Minichello* 2-2-98 (941) 648-1881

CR2E034 (10/97)