

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90062 040 \*\*\*150.00

**DOCUMENT # 592881**

1. Corporation Name

**TRI-VENTURE MARKETING, INC.**

Principal Place of Business  
**2525 DRANE FIELD RD STE 1  
SUITE #1  
LAKELAND FL 33811**

Mailing Address  
**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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MINICHELLO, WILLIAM  
2330 SEA ISLAND CIRCLE S  
LAKELAND FL 33810**

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 **P** ☐ DELETE  
NAME **GIDDENS, E. EUGENE**  
STREET ADDRESS **1106 N. SUGARTREE LANE**  
CITY-ST-ZIP **LAKELAND FL**

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

TITLE **VP** ☐ DELETE  
NAME **ANGLIN, FRANK D.**  
STREET ADDRESS **1528 HANSON AVE.**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **C** ☐ DELETE  
NAME **DEAN, JOHN JACKSON J**  
STREET ADDRESS **112 STRATFORD DRIVE**  
CITY-ST-ZIP **LOUISBURG NC**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition  
1.2 NAME **KEVIN TAARE**  
1.3 STREET ADDRESS **172 BERMUDA CT**  
1.4 CITY-ST-ZIP

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **Robert Kevin TAARE**  
2.3 STREET ADDRESS **172 BERMUDA CT**  
2.4 CITY-ST-ZIP **Porte VERA Beach FL 32082**

3.1 TITLE **VP** ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **VP** ☐ Change ☒ Addition  
4.2 NAME **John TAILANT**  
4.3 STREET ADDRESS **1990 HUGHS DR**  
4.4 CITY-ST-ZIP **CUMMING GA 30040**

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 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, with all other like empowered.

SIGNATURE: **William Minichello**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William M. Minichello 3-10-99 941 648 1881**  
Date Daytime Phone #

CR2E034 (11/98)