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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 657363

(8)

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

THREENORM, INC. Principal Place of Business Mailing Address 9409 U.S. 19 NORTH SUITE 277 SUITE 277					
PORT RICHEY	FL 34668	PORT RICHEY FL 34868-4	630	3. Date Incorporated or Qualified 02/26/1980	3a. Date of Last Report 04/29/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1972814	Applied For Not Applicable
Suite, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24	Country 25	7(p 29	Country 30		ŻYes ☐ No
	Name and Address of Curren MER, ADRAIN C.	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
SUIT POR	U.S. 19 NORTH TE 277 T RICHEY FL 34668 to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	83 84 City	poration submits this statement for the plans to board of directors. I hereby acceptance	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the obligation of registered age		OFFICIA STATUTES. TE. Registered Agent signature requi		DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE NAME	P Palmer, Thomas B.	DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	9409 U.S. 19 NORTH. PORT RICHEY FL		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE NAME STREET ADDRESS OITY-ST-ZIP	STD PALMER, ADRAIN C. 9409 U.S.19 NORTH PORT RICHEY FL	DELETE	2.1 TIPLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DELFTE	3.3 STREET ADDRESS 3.4. CHY-S1-ZIP 4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition

64 CITY-S1-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 eath; that I am an officer or director of the corporation or the excelver 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 1/1LE

6.2 NAME

DELETE

Change

Addition

FILED

Apr 25 1997 8:00am

Secretary of State