

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**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90323 034 \*\*\*150.00

**DOCUMENT # 696375**

1. Corporation Name  
**TRITON REALTY, INC.**



Principal Place of Business Mailing Address  
611 N. SUMMIT STREET 611 N. SUMMIT STREET  
CRESCENT CITY FL 32112 CRESCENT CITY FL 32112

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |  |  |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                    |  |
| 21                             |  | 26                  |  | 07/28/1981   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number  |  |
| 22                             |  | 27                  |  | 59-2146612   |  |
| City & State                   |  | City & State        |  | Applied For  |  |
| 23                             |  | 28                  |  | Not Applicable                                       |  |
| Zip Country                    |  | Zip Country         |  | 5. Certificate of Status Desired                     |  |
| 24 25                          |  | 29 30               |  | 6. Election Campaign Financing                       |  |
|                                |  |                     |  | Trust Fund Contribution                              |  |
|                                |  |                     |  | 8. This corporation owes the current year Intangible |  |
|                                |  |                     |  | Personal Property Tax.                               |  |
|                                |  |                     |  | Yes No   |  |

9. Name and Address of Current Registered Agent

ASHBURY, JAY D.  
234 N. SUMMIT  
CRESCENT CITY FL 32012

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 |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHOLL, BARBARA M                   | 1.2 NAME  |   |
| STREET ADDRESS             | 611 N. SUMMIT ST.                   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CRESCENT CITY, FL 00000             | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DS <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHOLL, ROBERT A                    | 2.2 NAME  |   |
| STREET ADDRESS             | 611 N SUMMIT ST                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CRESCENT CITY FL                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME  |   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 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:

*Barbara M. Scholl* **BARBARA M. SCHOLL** 4-15-99  
Date Daytime Phone #  
904-698-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR