FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733339 (6)

1. Corporation Name
TRI-COUNTY CENTRAL OFFICE, INC.

Principal Place of Business	Mailing Address
8019 N. HIMES #506 TAMPA FL 33614	8019 N. HIMES #506 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1975
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-1605474 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MASSARO, PAUL
8019 N HIMES #506
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name [redacted] / Tom Church
82 Street Address (P.O. Box Number is Not Acceptable) [redacted] 8019 N. Himes
83 Suite 506
84 City Tampa FL 85 Zip Code 33614

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: Tom Church 4-28-95
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	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	MASSARO, PAUL	1.2 NAME	MIKE McCONNELL	
STREET ADDRESS	2307 KNOLLWOOD PL	1.3 STREET ADDRESS	1208 E. HENRY	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33604	
TITLE	VC	2.1 TITLE	VC	☒ Change ☐ Addition
NAME	HERBERT, PAT	2.2 NAME	Bob Schlosser	
STREET ADDRESS	6703 GILDA DR	2.3 STREET ADDRESS	PO Box 13247	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33681	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	ORCUTT, PAT	3.2 NAME	John Suerda	
STREET ADDRESS	532 JULIE LN	3.3 STREET ADDRESS	10003 Lola St.	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	Tampa FL 33612	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	HORNE, MARY	4.2 NAME	Kevin Alderman	
STREET ADDRESS	701 CALIENTE DR	4.3 STREET ADDRESS	2222 Fletchers Pointe Circle	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	Tampa FL 33613	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CASEY, PAT	5.2 NAME	AL Gangler	
STREET ADDRESS	4747 W WATERS #2014	5.3 STREET ADDRESS	821 Blue Heron Blvd	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Ruskin FL 33570	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	STEPHEN, JACK	6.2 NAME	MARY SWARTZ	
STREET ADDRESS	13815 NICE LANE	6.3 STREET ADDRESS	7004 Peachmtns Av. W.	
CITY-ST-ZIP	ODESSA FL	6.4 CITY-ST-ZIP	Tampa FL 33634	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tom Aldman (Sec'y) 4/28/94 (813) 264-1329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014787