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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 733339

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/21/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1605474 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHURCH, TOM 8019 N. HIMES STE 506 TAMPA FL 33614	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	TROWBRIDGE, CAPPY		1.2 NAME	Rick Cantwell	
STREET ADDRESS	5018 CYPRESS TRACE DR		1.3 STREET ADDRESS	350 Lakewood Apt 127	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Brandon FL 33510	
TITLE	VCD	☒ DELETE	2.1 TITLE	VCD	☒ Change ☐ Addition
NAME	RICKE, CLARK		2.2 NAME	George Williams	
STREET ADDRESS	7903 COLLEY RD		2.3 STREET ADDRESS	12401 N. 22nd # 211	
CITY-ST-ZIP	ODESSA FL		2.4 CITY-ST-ZIP	Tampa FL 33612	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, OVIDA		3.2 NAME		
STREET ADDRESS	14626 VILLAGE GLEN CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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: Rick Cantwell 1-13-99 (813) 620-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #