## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT #733339** 01-11-2008 90062 045 \*\*\*\*61.25 TRI-COUNTY CENTRAL OFFICE, INC. Principal Place of Business Mailing Address 8019 N. HIMES #506 8019 N. HIMES #506 40001630 TAMPA, FL 33614 TAMPA, FL 33614 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Apt. #, etc. Suite Apt. #, etc. 01082008 Chg-NP CR2E037 (12/06) 4. FEI Numbe City & State City & State Applied For 59-1605474 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, TIMOTHY W Street Address (P.O. Box Number is Not Acceptable) 8019 N. HIMES STE 500 TAMPA, FL 33614 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or grinted name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE. ☐ Delete TITLE ☐ Change ■ Addition NAME VERNER, CINDY NAME STREET ADDRESS 910 CRYSTAL TERRACE STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY-ST-ZIP TITLE Delete THIE Change Addition Thom Halligan 3418 Todd County Place NAME LACKMAN, SYLVIA NAME STREET ADDRESS 1806 E NORFOLK STREET ADDRESS Plant City, FL 33566-7620 CITY-ST-ZIP TAMPA, FL 33610 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME MANLY, CHARLES NAME 16417 TURNBURY OAK DRINE STREET ADDRESS 10722 DRUMMOND RD STREET ADDRESS CITY-ST-7IP TAMPA, FL 33615 CITY-ST-ZIP <u>odessa FL</u> 33556 TITLE Delete Change TITLE Addition MARILYN Florence + C104 CULLEN, TERRY NAME NAME STREET ADDRESS 2424 W. TAMPA BAY BLVD. #M403 STREET ADDRESS TAMPA, FL 33604 CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete GIGLIN, KEVIN NAME NAME STREET ADDRESS 3801 SOUTH LAKE DRIVE APT 247 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 experience or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Jan 11, 2008 8:00 am

1/8/2008 813-933-9/23 Daytime Phone #