2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F02000000041 02-07-2005 90056 001 ***150.00 TRI-COUNTY HOLDING COMPANY, INC. Mailing Address Principal Place of Business 302 NORTH MAIN STREET **302 NORTH MAIN STREET** 40013600 TRENTON, FL 32693 TRENTON, FL 32693 2. Principal Place of Business 3. Mailing Address 520 Eastwode Street 530 East Suite, Apt. #, etc. Suite. Apt. #, etc. 01122005 Chg-P CR2E034 (10/03) City & State Trentor City & State 4. FEI Number Applied For TI 56-2326431 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired luest Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent erauson. John FERGUSON, JOHN (P.O. Box Number is Not Acceptable) Street 302 NORTH MAIN STREET TRENTON, FL 32693 City renton 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE F **PSD** Delete TITLE ☐ Change Addition Hortman, Edwin W. LANE, W. EDWIN JR. NAME NAME 24 Second AvesE 24 SECOND AVE SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOULTRIE GA 31768 CITY-ST-ZIP MOULTRIE, GA 31768 ☐ Defete TITLE Change **Addition** TITLE ewis, Cindi NAME NAME second Ave SE STREET ADDRESS STREET ADDRESS MOULTRIE GA 31768 CITY-ST-ZIP CHY-ST-ZIP Addition Defete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change ~ : Addition FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. The eby 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, 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 fike empowered. INTER NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 07, 2005 8:00 am