Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90113 049 ***150.00

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

DOCUMENT # F21821

1. Corporation Name

TRICIA, INC.

Principal Place of Business Mailing Address							-{ (I MIMIT BENEF KINET NENT	EIBH BIBII IBBI
8815 PRITCHER RD 8815 PRITCHER RD.							·		
LITHIA FL 33547 LITHIA FL 33547									
US US							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
		a Marilla Address					03/03/1981 4. FEI Number		pplied For
2. Principal Pi	lace of Business	2a. Mailing Address	T T				59-2090102	⊢ +	ot Applicable
21]	H	26 Suite Apt # etc	Suite, Apt. #, etc.				39-2090102		Additional
Suite, Apt. #, etc.			27 Suite, Apr. #, etc.				5. Certificate of Status Desired		lequired
City & Stat		City & State				6. Election Campaign Financing		May Be	
23	6	_ ·	28				Trust Fund Contribution		to Fees
Zip	Country	_ 	Zip Country				8. This corporation owes the current ye	ear Intangible	
24	25	29	30				Personal Property Tax.	☐ Yes	₩No
(4)		9. Name and Address of Current Registered Agent		<u> </u>			10. Name and Address of New Regis	tered Agent	1
		<u> </u>		81	Name				
ZENTMEYER, GEORGE P				82		treet Address (P.O. Box Number is Not Acceptable)			
8815	S PRITCHER RD	!			Street	Addre	iss (P.O. Box Number is Not Acceptable)		
LITH	IA FL 33547			83					
									Code
				84	City			FL 85 Zip	Code
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	-Ionda Stat	utes			n's board of directors. I hereby accept the	ATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE	PT				1.1 TITLE			Change	
NAME	ZENTMEYER, PATRICIA A.	CIA A. 121		2 NAME		1			ļ
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS		;			İ
CITY-ST-ZIP	LITHIA FL			1.4 CITY-ST-ZIP					
TITLE	VS	☐ DELETE	2.1 Π					Change	☐ Addition
NAME			2.2 N	2.2 NAME					
STREET ADDRESS	8815 PRICHER RD.		2.3 5	2.3 STREET ADORESS		;			
CITY-ST-ZIP,	LITHIA FL		2.40	ITY-S	it-zip		نسان مشتشل		e e sec
TITLE				3.1 TTILE				Change	☐ Addition
NAME	3		3.2 N	3.2 NAME					}
STREET ADDRESS			3.3 5	TREET	T ADDRESS	3			İ
CITY-ST-ZIP			3.4. C	πy-s	T-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE		1		☐ Change	☐ Addition
NAME			4. 2 N	AME		1			[
STREET ADDRESS			4.3 S	REET	T ADDRESS	;			
CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP	,			<u> </u>
TITLE		☐ DELETE	5.1 Ti	5.1 TITLE			-	☐ Change	☐ Addition
NAME			5.2 N	AME			•		
STREET ADDRESS			5.3 S	TREET	T ADDRESS	3			
CITY-ST-ZIP			5.4 C	TY-\$	T-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				☐ Change	☐ Addition
NAME			6.2 N	AME					
STREET ANNOFSS	}		6.3 \$	REE	T ADDRESS	اذ			

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 occiver 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 chapted, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS