

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 02, 1999 8:00 am  
Secretary of State

09-02-1999 90004 004 \*\*\*550.00

DOCUMENT # F84913

1. Corporation Name

TRI-ANGLE MAINTENANCE SERVICES, INC.

612081 - 90004 - 4

Principal Place of Business Mailing Address  
12031 31st Court North, Suite A  
St. Petersburg, FL 33716-8810

3. Date Incorporated or Qualified 06/11/1982 3a. Date of Last Report 04/21/1998

2. Principal Place of Business 2a. Mailing Address  
2840 West Bay Dr #108

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Belleair Bluffs, FL

Zip Country Zip Country  
33770 USA

4. FEI Number 59-2504512 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CLARENCE TRICE  
1720 GULF BOULEVARD  
BELLEAIR BEACH FL 33535

10. Name and Address of New Registered Agent

81 Name Carla Smeltz  
82 Street Address (P.O. Box Number is Not Acceptable) 2840 West Bay Drive #108  
83  
84 City Belleair Bluffs FL 85 Zip Code 33770

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 DATE 08/30/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
STD	CLARENCE TRICE	1420 GULF BLVD	BELLEAIR BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
PSTD	Jean Trice	630 Bo Bo Banks Road	Grantville GA 30220	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Carla Smeltz	2840 West Bay Drive #108	Belleair Bluffs, FL 33770	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/30/99 727-573-9519

Date

Daytime Phone #

CR2E034 (9/96)