

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G28052 (0)**
1. Corporation Name
TRI-S, INC.

Principal Place of Business Mailing Address
7525 CLEARVIEW DR TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/16/1983** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2286988** 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

2. Principal Place of Business 2a. Mailing Address
21 **4040 W. Waterline** 26 **P O Box 152694**
22 **Suite 2500** 27
23 **Tampa, Fl. 33614** 28 **Tampa, Fl.**
24 **33614** 25 Country 29 **33684** 30 Country

9. Name and Address of Current Registered Agent
**SCIORTINO, VICENT
7525 CLEARVIEW DR
TAMPA FL 33634**

10. Name and Address of New Registered Agent
81 Name **VINCENT SCIORTINO**
82 Street Address (P.O. Box Number is Not Acceptable) **11505 Shimmering Shore Place**
83
84 City **Tampa** FL 85 Zip Code **33624**

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 *Vincent Sciortino* **VINCENT SCIORTINO** DATE **4/25/95**
By Signer, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	SCIORTINO, VINCENT
STREET ADDRESS	7525 CLEARVIEW DR
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	SCIORTINO, TRICIA
STREET ADDRESS	7525 CLEARVIEW DR
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VINCENT SCIORTINO
1.3 STREET ADDRESS	11505 Shimmering Shore Place
1.4 CITY - ST - ZIP	Tampa, Fl. 33624
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TRICIA SCIORTINO
2.3 STREET ADDRESS	11505 Shimmering Shore Place
2.4 CITY - ST - ZIP	Tampa, Fl. 33624
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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, changed, or on an attachment with an address.

SIGNATURE: *Vincent Sciortino* **VINCENT SCIORTINO** DATE **4/26/95** TELEPHONE **(813) 886-5850**
Signature and Typed or Printed Name of Signing Officer or Director