FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 4:10

DOCUMENT # **H97225** **(7)**

1. Corporation Name
TRIVISONE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% J. A. TRIVISONE 2545 FARRIS AVENUE PENSACOLA FL 32526	% J. A. TRIVISONE 2545 FARRIS AVENUE PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1986
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2626185 ☐ 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	10. Name and Address of New Registered Agent
TRIVISONE, J.A. 2545 FARRIS AVENUE PENSACOLA FL 32526	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: Joseph A Trivisone — Joseph A. TRIVISONE (TYPED OR PRINTED NAME OF REGISTERED AGENT) — JAN. 11 1995 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	PTSD	☒ Change ☐ Addition
NAME	TRIVISONE, J.A.	12 NAME	TRIVISONE, J.A.	
STREET ADDRESS	ROUTE 10 BOX 346	13 STREET ADDRESS	7170 COMMUNITY DR.	
CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP	PENSACOLA, FL. 32526	
TITLE	VTD	21 TITLE	NO LONGER OFFICER OR DIRECTOR	☒ Change ☐ Addition
NAME	TRIVISONE, E.A.	22 NAME	TRIVISONE, E.A.	
STREET ADDRESS	7170 COMMUNITY DR.	23 STREET ADDRESS	7170 COMMUNITY DR.	
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	PENSACOLA, FL. 32526	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: J.A. TRIVISONE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/11/95 (Date) — 904-944-4466 (Daytime Phone #)

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