

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **J00462** (8)

1. Corporation Name
TRIPOD INVESTMENT CORP.

Principal Place of Business: **561 HARBOR POINT ROAD LONGBOAT KEY FL 34228**

Mailing Address: **561 HARBOR POINT ROAD LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/21/1986 | 3a. Date of Last Report 03/22/1994 |
| 21 | 22 | 26 | 27 | 4. FEI Number 59-2638792 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ROBBINS, MARK D. 561 HARBOR POINT RD. LONGBOAT KEY FL 34228 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____
(Signature must be printed name of registered agent and title of corporation) (NOTE: Registered Agent signature required when substituting)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBBINS, MARK D. | 1.2 NAME | |
| STREET ADDRESS | 561 HARBOR POINT RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LONGBOAT KEY FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBBINS, WENDY | 2.2 NAME | |
| STREET ADDRESS | 561 HARBOR POINT RD. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | LONGBOAT KEY FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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(2)(b), 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. 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: Mark D. Robbins **Mark D. Robbins** 2/27/95 813 353-0679
(Signature and typed or printed name of signing officer or director) (Date) (Office Phone #)