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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J19907 (1)

1. Corporation Name
TRI-CORP CONSTRUCTION GROUP, INC.

Principal Place of Business
420 SOUTH THIRD STREET
JACKSONVILLE FL 32250

Mailing Address
420 SOUTH THIRD STREET
JACKSONVILLE FL 32250-8721



3. Date Incorporated or Qualified 06/02/1986
3a. Date of Last Report 03/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2684914	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
24 Country	29 Country	6. Election Campaign Financing	Trust Fund Contribution
25	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BROWN, THOMAS D.
420 SOUTH THIRD ST
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, THOMAS D.	1.2 NAME	
STREET ADDRESS	1935 BEACHSIDE CT	1.3 STREET ADDRESS	204 Hidden Dune Court
CITY-ST-ZIP	ATLANTIC BEACH FL	1.4 CITY-ST-ZIP	South Ponte Vedra Beach, FL 3208
TITLE	VPS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CATHLEEN A.	2.2 NAME	
STREET ADDRESS	1935 BEACHSIDE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Hamilton, Candice A.
STREET ADDRESS		3.3 STREET ADDRESS	10083 Huntington Forest Blvd. E
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32257-7575
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: Thomas D. Brown Thomas D. Brown, Pres. 3/10/97 (904) 249-609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0039215

CR2E034 (9/96)