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

PROFIT CORPORATION annual report

1997

appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

96/6)

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J53526

(6)

TRI-DEVELOPMENT OF LAKELAND, INC.

Principal Place of Business Mailing Address 5530 HARBOR DRIVE LAKELAND A 33809-5530 HARBON DRIVE LAKELAND FL 33809 33809-4200 3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1987 01/23/1996 2. Principal Place of Business 21 123 E PARIC ST 4. FEI Number 2a. Mailing Address Applied For 21 26 59-2781863 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be ELAND JL 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DOUGHERTY, EDWARD E. 5530 HARBOR DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33809 83 84 AKELAND 11. Pursuant to the provisions of Sections 607 5602 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 familiary th, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change THLE 1.1 TITLE Addition DOUGHERTY EDWARD E. 1.2 NAME 5530 HARMOR DRIVE 122 & PARK ST STREET ADDRESS 1.3 STREET ADDRESS LAKELAND\FL LAKELAND 71 33803 CITY-ST-ZIP 1.4 CITY-ST-7IP Change ■ DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - \$1 - 216 DELETE Change ___ Addition 111.E 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS C(TY+S1+Z)P 3.4. CITY-ST-ZIP □ DELETE TIPLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADOPESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. I do hereby cert ly 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 feeeiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name