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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
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95 FEB 17 PM 3:17

DOCUMENT # **J61288** **(3)**

1. Corporation Name
TRI J, INC.

Principal Place of Business	Mailing Address
% JAMES R. THIES, SR. P. O. BOX 815 ORANGE PARK FL 32067	% JAMES R. THIES, SR. P. O. BOX 815 ORANGE PARK FL 32067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1987
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2804068 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THIES, JAMES R., SR.
733 PALMETTO AVENUE
GREEN COVE SPRINGS FL 32073

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	MCMAHAN, ARCH L.	1.2 NAME	
STREET ADDRESS	31405 108 AVE., S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN WA 98002	1.4 CITY-ST-ZIP	AUBURN, WA 98092-3028
TITLE	VSM	2.1 TITLE	☐ Change ☐ Addition
NAME	MCMAHAN, GERALD R.	2.2 NAME	
STREET ADDRESS	BOX 10 NRA FPO N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98306-0003	2.4 CITY-ST-ZIP	
TITLE	VTM	3.1 TITLE	☒ Change ☐ Addition
NAME	MCMAHAN, JEFFREY A.	3.2 NAME	
STREET ADDRESS	877 WESSON DR	3.3 STREET ADDRESS	9122 WEST ATLANTIC BLVD.
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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(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 added to the report with an address.

SIGNATURE: ARCH L. MCMAHAN 2/10/95 (GM) 931-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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