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

APPROVED AND FILED

95 MAY -1 AM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K20929** **(1)**

1. Corporate Name
TRI-COUNTY MARCITING, INC.

Principal Place of Business
% CAROL A. BRADLEY
9653 GOLDEN GROVE ST
SEMINOLE FL 34642-2900

Mailing Address
% CAROL A. BRADLEY
9653 GOLDEN GROVE ST
SEMINOLE FL 34642-2900

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1988**
3a. Date of Last Report: **03/25/1994**

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

4. FEI Number: **59-2884350** — 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
BRADLEY, CAROL A.
9653 GOLDEN GROVE ST
SEMINOLE FL 34642

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 607.0505 and 607.1008, 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 hereby agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	BRADLEY, DARYL W.	NAME	
STREET ADDRESS	9653 GOLDEN GROVE ST	STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL	CITY, ST, ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	BRADLEY, CAROL A.	NAME	
STREET ADDRESS	9653 GOLDEN GROVE ST	STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(aa), 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 person to whom power has been delegated by a duly authorized officer or director of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or is an attachment with an address.

SIGNATURE: Carol A. Bradley - Carol A. Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95 (813) 393-6476
Date Daytime Phone

0480446 FP