

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

5-1-95
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K73233** (4)
1. Corporation Name
TRI-GOLD ASSOCIATES, INC.

Principal Place of Business Mailing Address
5121 EHRUCH RD **5121 EHRUCH RD**
STE 104B **STE 104B**
TAMPA FL 33624 **TAMPA FL 33624**
US **US**

2. Principal Place of Business 2a. Mailing Address
21 **2056 IMPERIAL WAY** 2a **2056 IMPERIAL WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **CLEARWATER, FLORIDA** 2b **CLEARWATER, FLORIDA**
City & State City & State
24 **34624** 25 **U.S.A.** 29 **34624** 30 **U.S.A.**
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified **04/01/1989** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2943434** 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
TERRIGNO, GARY
16607 E. COURSE DR.
TAMPA FL 33824

10. Name and Address of New Registered Agent
81 Name **RUSSELL A. YAGEL P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **KIMBRELL & HAMANN P.A.**
83 **799 BRICKELL PLAZA SUITE 900**
84 City **MIAMI** 85 Zip Code **FL 33131**

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 **RUSSELL A. YAGEL P.A.** DATE **4/24/95**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BENTER, DALE 5121 EHRUCH RD, STE 104B TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRIGNO, GARY 5121 EHRUCH RD, STE 104B TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BENTER, DALE ROUTE 2 BOX 2100 ALAPAHA, GEORGIA 31622
2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D REDFORD, MAURICE 2056 IMPERIAL WAY CLEARWATER, FLORIDA 34624
4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD FORDYCE, LARRY 13065 NEW PROVIDENCE ROAD ALPHARETTA, GEORGIA 30201
5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), 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: **DALE BENTER** *Dale Benter* DATE **4/24/95** TELEPHONE **912-532-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR