

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K80038 (8)
 1. Corporation Name
TRI-COUNTY POWER SYSTEMS, INC.

Principal Place of Business 3520 68TH AVE N PINELLAS PARK FL 34665 US	Mailing Address 3520 68TH AVE N PINELLAS PARK FL 34665 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/13/1989	
4. FEI Number 59-2941899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FAHRENBRUCK, JOSEPH RAYMOND, JR.
350 BOCA CIEGA DR.
MADERA BEACH FL 33542

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FAHRENBRUCK, JOSEPH R.	
STREET ADDRESS	350 BOCA CIEGA DRIVE	
CITY-ST-ZIP	MADERA BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FAHRENBRUCK, JOSEPH R.	
STREET ADDRESS	350 BOCA CIEGA DRIVE	
CITY-ST-ZIP	MADERA BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, BOB A.	
STREET ADDRESS	13584 TWIGG TERRACE	
CITY-ST-ZIP	LARGO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, CHARLIE	
STREET ADDRESS	4114 NORTH 8 ST., W., UNIT G	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FAHRENBRUCK, JOSEPH R.	
1.3 STREET ADDRESS	15902 REDINGTON DRIVE	
1.4 CITY-ST-ZIP	REDINGTON BEACH, FL 33708-1757	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL SCHULTZ	
2.3 STREET ADDRESS	10600 4th ST. N. #819	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOVIE CONNELL	
3.3 STREET ADDRESS	7161 CHANNELSIDE LN.	
3.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FAHRENBRUCK, JOSEPH R.	
4.3 STREET ADDRESS	15902 REDINGTON DRIVE	
4.4 CITY-ST-ZIP	READINGTON BEACH, FL 33708-1757	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Joseph R. Fahrenbruck* **4/28/98**

CR2E034 (10/97)