

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K97129** (6)

1. Corporation Name

TRI-CITY SPECIALISTS, INC.



Principal Place of Business

**7001 TEMPLE TERRACE HWY
TAMPA FL 33687-6307
US**

Mailing Address

**PO BOX 16307
TAMPA FL 33687-6307
US**

2. Principal Place of Business

2a. Mailing Address

21 Subj., Apt. #, etc.

26 Subj., Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**YOUNG, JAMES S., JR.
818 BENNINGER DR
BRANDON FL 33511**

3. Date Incorporated or Qualified 06/21/1989	3a. Date of Last Report 03/20/1995
4. FCI Number 59-2962380	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	
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT YOUNG, JAMES S., JR. 818 BENNINGER DR BRANDON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAILEY, RICHARD P. 816 BENNINGER DR BRANDON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP	☐ Change ☐ Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP	☐ Change ☐ Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP	☐ Change ☐ Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP	☐ Change ☐ 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 change of name or address of officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. YOUNG JR.

4/9/96 83-988-7953

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