1-15 -98 B- (NX - NC

NAME

STREET ADDRESS

SIGNATURE:

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 クロのたけ Jan 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K97129 (6)TRI-CITY SPECIALISTS, INC. Mailing Address Principal Place of Business 7001 TEMPLE TERRACE HWY PO BOX 16307 TAMPA FL 33687-6307 TAMPA FL 33687-6307 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2962380 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 YOUNG, JAMES S., JR. 818 BENNINGER DR Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE YOUNG, JAMES S., JR. NAME 12 NAME 818 BENNINGER DR STREET ADDRESS 1.3 STREET ADDRESS BRANDON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BAILEY, RICHARD P. NAME 22 NAME 816 BENNINGER DR STREET ADORESS 2.3 STREET ADDRESS BRANDON FL CITY - ST- ZIP 2, 4 CITY - ST - ZIP DELETE Addition Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

I WAMES: S. You'll St.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 supplie nental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the dorportation or the receptiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the dorportation or the receptive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the dorportation or the receptive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the dorportation or the receptive or trustee and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the dorportation or the receptive or trustee.