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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90009 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04863

1. Corporation Name
THREE RING TRUST, INC.

Principal Place of Business

~~4337 NW 6TH STREET~~
~~C/O E.W. BURCH JR.~~
~~GAINESVILLE FL 32609~~

Mailing Address

115 NW 30TH STREET
GAINESVILLE FL 32607
US

OK

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1989

4. FEI Number
59-2967663

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 owes the current year Intangible
Personal Property Tax. **yes** ☒ No ☐

2. Principal Place of Business

3540 Hawthorne Rd

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

Zip

32601

Country

US

Country

30

9. Name and Address of Current Registered Agent

BURCH, E.W., JR.
4337 NORTHWEST 6TH STREET
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

J D Weir

82 Street Address (P.O. Box Number is Not Acceptable)

115 NW 30th Street

83

84 City

Gainesville

85 Zip Code

FL 32607

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 **J D Weir 1/16/99**

J D Weir treasurer **1/16/99**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURCH, E.W. JR.	
STREET ADDRESS	4337 NW 6TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALTERS, N F	
STREET ADDRESS	115 NW 30TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEYL, VARNUM	
STREET ADDRESS	115 NW 30TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEIR, J D	
STREET ADDRESS	115 NW 30TH STREET	
CITY-ST-ZIP	GAINESVILLE 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	Burch, E W Jr	
1.3 STREET ADDRESS	4337 NW 6th Street	
1.4 CITY-ST-ZIP	Gainesville	
2.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walters, N F	
2.3 STREET ADDRESS	115 NW 30th St	
2.4 CITY-ST-ZIP	Gainesville, FL 32607	
3.1 TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Heyl, Varnum	
3.3 STREET ADDRESS	115 NW 30th Street	
3.4 CITY-ST-ZIP	Gainesville, FL 32607	
4.1 TITLE	ST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Weir, J D	
4.3 STREET ADDRESS	115 NW 30th Street	
4.4 CITY-ST-ZIP	Gainesville, FL 32607	
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, with all other like empowered.

SIGNATURE: **J D Weir**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99
Date

(352) 376-1548

Daytime Phone #

CR2E034 (11/98)