FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L30662 (5)

1. Corporation Name

TRI CENTRE, INC.

Principal Place of Business	Mailing Address
% PATRICK J LONGE 3777 TAMIAMI TRL N #201 NAPLES FL 33940	% PATRICK J LONGE 3777 TAMIAMI TRL N #201 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1989
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business	2a. Mailing Address
21 850 Park Shore Drive	26 850 Park Shore Drive
Suite, Apt. #, etc. 22 Suite #203	Suite, Apt. #, etc. 27 Suite 203
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 33940 Country 25 USA	Zip 29 33940 Country 30 USA

4. FEI Number: 65-0231956 ☐ 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	10. Name and Address of New Registered Agent
LONGE, PARTICK J. 3777 TAMIAMI TRL N #201 NAPLES FL 33940	91 Name 92 Street Address (P.O. Box Number is Not Acceptable): 850 Park Shore Drive 93 Suite 203 94 City Naples FL 95 Zip Code 33940

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: Patrick J Longe — 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☒ Change ☐ Addition
NAME	LONGE, PATRICIA J	12 NAME		
STREET ADDRESS	3777 TAMIAMI TR N #201	13 STREET ADDRESS	850 Park Shore Drive, Ste. 203	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL 33940	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	LONGE, PATRICK J	22 NAME		
STREET ADDRESS	3777 TAMIAMI TR N #201	23 STREET ADDRESS	850 Park Shore Drive, Ste. 203	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples, FL 33940	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

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 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: Patrick J Longe — 4-10-95 — (813)263-8800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0327080 CP