

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 # L30662

(5)

1. Corporation Name
TRI CENTRE, INC.



Principal Place of Business

850 PARK SHORE DRIVE
SUITE #203
NAPLES FL 33940
US

Mailing Address

850 PARK SHORE DRIVE
SUITE 203
NAPLES FL 33940
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

LONGE, PARTICK J.
850 PARK SHORE DRIVE
SUITE 203
NAPLES FL 33940

3. Date Incorporated or Qualified
11/09/1989

3a. Date of Last Report
04/14/1995

4. FET 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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.1708, 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 607.0205, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Secretary

1291

12. OFFICERS AND DIRECTORS

TITLE
NAME
SD
LONGE, PATRICIA J
850 PARK SHORE DRIVE STE 203
NAPLES FL

☐ DELETE

TITLE
NAME
PD
LONGE, PATRICK J
850 PARK SHORE DRIVE
NAPLES FL

☐ 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY- ST- ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY- ST- ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY- ST- ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY- ST- ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(g), 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 registered agent, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this annual report or supplemental annual report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)