

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:59

DOCUMENT # M77867

(3)

1. Corporation Name

TRI-VEST INVESTMENTS, INC.

Principal Place of Business

7106 RIVERWOOD BLVD
P.O. BOX 23183
TAMPA FL 33623-0183

Mailing Address

7106 RIVERWOOD BLVD
P.O. BOX 23183
TAMPA FL 33623-0183

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/26/1988

3a. Date of Last Report

02/28/1994

4. FEI Number

59-2890101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 6038 E. Broadway
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 23183
Suite, Apt. #, etc.

City & State

23 Tampa Florida

City & State

28 Tampa, Florida

Zip

24 33619

Country

25 USA

Zip

29 33623

Country

30 USA

9. Name and Address of Current Registered Agent

LEWIS, CAROLE A
7106 RIVERWOOD BLVD
PO BOX 23183
TAMPA FL 33623

10. Name and Address of New Registered Agent

81 Name

Carole A. Lewis

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

6038 E. Broadway

83

P.O. Box 23183

84 City

Tampa

FL

85 Zip Code

33619

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

Carole A. Lewis

Carole A. Lewis

Jan. 11, 1995

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, CAROLE A
STREET ADDRESS	7106 RIVERWOOD BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Carole A. Lewis

Carole A. Lewis

Jan. 11, 1995

626-4193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number