FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43420 (1)

1. Corporation Name

TRI-DISTRICT INTERGROUP, INC.

Principal Place of Business	Mailing Address
PLAZA BLDG 3300 N. PACE. STE 322 PENSACOLA FL 32505	PLAZA BLDG 3300 N. PACE. STE 322 PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2914891 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REES, JOHN R.
1230 RAMBLEWOOD LN
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: REES, JOHN R.
82 Street Address (P.O. Box Number is Not Acceptable): 3201 WOODWIND PLACE
83
84 City: PENSACOLA FL 85 Zip Code: 32504

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: John R Rees
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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PERRY, HENRY A.	1.2 NAME	ROPP, LELAND	
STREET ADDRESS	5620 JAKER LN	1.3 STREET ADDRESS	3215 NEWTON DR	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, ROBERT L.	2.2 NAME		
STREET ADDRESS	12325 AILANTHUS DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	REES, JOHN R.	3.2 NAME	REES, JOHN R	
STREET ADDRESS	1230 RAMBLEWOOD LN	3.3 STREET ADDRESS	3201 WOODWIND PL	
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	PITTS, JEANA	
STREET ADDRESS		4.3 STREET ADDRESS	1164 HARBOR LN	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN R. REES John R Rees 2-22-95 (904) 934-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071070