

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 OCT 13 PM 1:22

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

03/22/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2914891

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REES, JOHN R.
3201 WOODWIND PLACE
PENSACOLA FL 32504

81 Name

LELAND ROPP

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

3215 NEWTON DRIVE

83

84 City

PENSACOLA

FL

85 Zip Code
32503

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ROPP, LELAND
STREET ADDRESS 3215 NEWTON DRIVE
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME ROPP, LELAND
1.3 STREET ADDRESS 3215 NEWTON DRIVE
1.4 CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☐ DELETE
NAME LISLE, HOMER
STREET ADDRESS 850 GARCON POINT ROAD
CITY-ST-ZIP MILTON FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME LISLE, HOMER
2.3 STREET ADDRESS 850 GARCON POINT ROAD
2.4 CITY-ST-ZIP MILTON FL 32583

TITLE D ☒ DELETE
NAME REES, JOHN R.
STREET ADDRESS 3201 WOODWIND PL
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME GREGORY BROWN
3.3 STREET ADDRESS 144 VASSAR DR
3.4 CITY-ST-ZIP PENSACOLA FL 32506

TITLE D ☒ DELETE
NAME PITTS, JEANA
STREET ADDRESS 1164 HARBOR LANE
CITY-ST-ZIP GULF BREEZE FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME BOB GANDY
4.3 STREET ADDRESS 7481 PALAFOX HWY
4.4 CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
000002320970- - 3
-10/15/97--01074--007
*****61.25 *****61.25

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

SIGNATURE REQUIRED: TREASURER

9-2-97 433-4191

CR2E037 (4/97)