FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43420

1. Corporation Name

TRI-DISTRICT INTERGROUP, INC.

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

PLAZA BLDG 3300 N. PACE. STE 322 PENSACOLA FL 32505

FILED Mar 23, 1999 8:00 am § Secretary of State

03-23-1999 90040 036 ****61.25



PENDACOLA PL 32300										, , , , , , , , , , , , , , , , , , , ,				
2. Principal Place of Business				2a. Mailing Address						 Date Incorporated or Quali 05/13/1991 	ted .			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					-	4. FEI Number		A	pplied For	
22				27						59-2914891			lot Applicable	
City & State				City & State					-	E. C. diferent of Charles Desire.	d 🗆	\$8.75	Additional	
23				28						5. Certificate of Status Desired	ب •	Fee F	Required	
Zip					Zip Country					6. Election Campaign Financing \$5.00 May Be				
24	25			29 30						Trust Fund Contribution		Added	to Fees	
	Address of Current	Regis	tered Ag	jent		10. Name and Address of New Registered Agent								
						81 Name			what E Morres	- Trai	ine Hor	med		
ROPP, LELAND								Street Ad	Address (P.O. Box Number is Not Acceptable) 3300 N; Hace					
3215 NEWTON DRIVE								SZ8 W. Goden Street, Ste. + Ste. 322						
PENSACOLA FL 32504								83						
					*	8	4	City	1			85 Zir	Code 2505	
								•		ensacola	FL	. 25	2527	
11. Pursuant	to the provisions	of Sections 617.0502	and 6	17.1508,	Florida Statutes	, the abor	ve-	named co	orpora	ation submits this statement for s board of directors. I hereby a	the purpose of ecept the appoi	changing i	ts registered registered	
agent. La	m familiar with, a	nd accept the obligation	ons of	Section	DT7 UDUA FIORC	ia Siailiit	· S				. /_	100	Ĭ	
SIGNATURE		whul ?		Un	no	7	7/	MASU.	~ 1	ner reinstating)	1/2	1/99		
								signature requ	uired wi	hen reinstating) ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECT	ORS IN 12	
12.		- OFFICERS AND	DIKE	DIRECTORS DELETE			13.		p		OT TOLING AT	Change		
TITLE	DODD LELAN	ın			× 52.2.12	1.2 NAME			Mr.	huel E. Morris W. Garden Sti, Ste. 1		74 '	_	
NAME	ROPP, LELAND 3215 NEWTON DRIVE						1.3 STREET ADDRESS			W. Garden St., Ste. 1			~	
STREET ADDRESS							1.3 STREET ADDRESS		Pi	rsacola, FL 32501			ļ	
TITLE	PENSACOLA FL 32503 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						1.4 CITY-ST-ZIP			SACOIA		☐ Change	Addition	
	CANNON, SCOTT					1	2.2 NAME						_	
NAME	1271-A REDW			il.			2.3 STREET ADDRESS							
STREET ADDRESS	GULF BREEZ						2.4 CITY-ST-ZIP						ľ	
CITY-ST-ZIP TITLE	D D	L 1 L 02301		DELETE			3.1 TITLE 3		20	potha Wise 16	acist	Change	Addition	
NAME	TAYLOR, LEE	Δ	-				3.2 NAME		19	eetha Wise (G St. Ryus an Racola, FL 32505		/	4	
STREET ADDRESS	1271-A REDW			3.3			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		0.0	cardo 121 32505				
CITY-ST-ZIP	GULF BREEZ								rv.	eacour, PD 3 and				
TITLE	D	L I L OLOOT			DELETE	4.1 TITLE		7)			Change	Addition	
NAME	GANDY, BOB			_	/~	4, 2 NAM	È	.]	Dani	ul Meister		•		
STREET ADDRESS	7481 DALA F	OX				4.3 STRE	ET A	ADDRESS 7	7.717	Hayward St.			}	
CITY-ST-ZIP	PENSACOLA					4.4 CITY-		ZIP #	Pers	ie) Meister 7 Haynard St, acola, FL 32526			İ	
TITLE					☐ DELETE	5.1 TITLE	_					Change	Addition	
NAME						5.2 NAME	E	Ì						
STREET ADORESS						5.3 STRE	ETA	ADDRESS					1	
CITY-ST-ZIP						5.4 CITY-	-ST-	ZIP						
TITLE				•	☐ DELETE	6.1 TTTLE	=					☐ Chang	Addition	
NAME						6.2 NAME	E	-						
STREET ADDRESS						6.3 STRE	ET#	ADDRESS						
CITY-ST-ZIP	1					6.4 CITY-	-ST-	ZIP						

4. 1 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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

(850) 433-4164

Daytime Phone #