

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:17

DOCUMENT # N92000000650 (3)

1. Corporation Name

TRI-COUNTY BUSINESS LEAGUE, INC.

Principal Place of Business

Mailing Address

1112 LAKESHORE DRIVE
LAKELAND FL 33805

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LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

07/25/1994

4. FEI Number

59-3158746

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLDHAM, CHARLES A
1112 LAKE SHORE DR.
LAKELAND FL 33808

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 607.0502 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

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	PD
NAME	OLDHAM, CHARLES
STREET ADDRESS	1112 LAKESHORE DR.
CITY - ST - ZIP	LAKELAND FL 33805
TITLE	VPD
NAME	ROBINSON LORENZO
STREET ADDRESS	1929 PROVIDENCE ROAD
CITY - ST - ZIP	LAKELAND FL 33805
TITLE	TD
NAME	NEAL JAMES
STREET ADDRESS	1208 ROBERT KING HIGH DR.
CITY - ST - ZIP	LAKELAND FL 33805
TITLE	SD
NAME	NEWBERN CARL H.
STREET ADDRESS	5902 PIER PLACE DR.
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	DBM
NAME	ADDERLEY NATANIEL
STREET ADDRESS	6357 CEDER LANE
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	ADDERLEY, NATHANIEL
5.3 STREET ADDRESS	correct spelling
5.4 CITY - ST - ZIP	6357 Cedar Lane
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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carl H. Newbern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL H. NEWBERN

Date

3-10-95 (813) 646

Division of Corporations

3890