FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00402** **(8)**

1. Corporation Name
TRIMEDCO, INC.

Principal Place of Business	Mailing Address
1876 DEFOORS AVE BLDG B ATLANTA GA 30318	1876 DEFOORS AVE BLDG B ATLANTA GA 30318

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/28/1983**
3a. Date of Last Report: **04/06/1994**

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

4. FEI Number: **58-1300420** ☐ 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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SIZEMORE, JAMES	1.2 NAME	
STREET ADDRESS	366 BUCKINGHAM DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON, GA 00000	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, JAMES W.	2.2 NAME	
STREET ADDRESS	3980 SCARLET OAK COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DORAVILLE GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, JAMES W.	3.2 NAME	
STREET ADDRESS	3980 SCARLET OAK COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DORAVILLE GA	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, JAMES A.	4.2 NAME	
STREET ADDRESS	10999 CHATSWORTH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WALDREP, JOSEPH L.	5.2 NAME	
STREET ADDRESS	233 - 12TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ARRINGTON, W. ALAN	6.2 NAME	
STREET ADDRESS	6031 CHAPEL LAKE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND GA	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Sizemore James E. Sizemore 4-27-95 404-358-1894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000042 FP