FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000021746 (1)**

1. Name of Corporation

TRICON AMERICA CORPORATION

Principal Place of Business

902 CLOYD DAIRY LOOP
ORLANDO FL 32825

Mailing Address

P O BOX 667
ROSEBURG OR 97470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/17/1993**	3a. Date of Last Report: **12/12/1994**
4. FEI Number: **59-3188617**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required
6. [illegible] ☐	**$5.00** May Be Added to Fees
8. [illegible] Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SIVAR, YILDIRIM
902 CLOYD DAIRY LOOP
ORLANDO FL 32825

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 607.1607 and 607.1608, 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 [illegible] DATE

12. OFFICER AND DIRECTOR		13. [illegible]	
21 Title	PC	21 Title	☐ Change ☐ Addition
22 Name	HASE, SHAIKHA ALI	22 Name	
23 Street Address	1730 N.W. VALLEY VIEW DR.	23 Street Address	
24 City, St, Zip	ROSEBURG OR 97470	24 City, St, Zip	
25 Title	VPDC	25 Title	☐ Change ☐ Addition
26 Name	GUNGOREN, HAKKI	26 Name	
27 Street Address	1730 N.W. VALLEY VIEW DR.	27 Street Address	
28 City, St, Zip	ROSEBURG OR 97470	28 City, St, Zip	
29 Title		29 Title	D ☐ Change ☑ Addition
30 Name		30 Name	MARY J. SYKES
31 Street Address		31 Street Address	1730 NW VALLEY VIEW DR
32 City, St, Zip		32 City, St, Zip	ROSEBURG, OR 97470
33 Title		33 Title	☐ Change ☐ Addition
34 Name		34 Name	
35 Street Address		35 Street Address	
36 City, St, Zip		36 City, St, Zip	
37 Title		37 Title	☐ Change ☐ Addition
38 Name		38 Name	
39 Street Address		39 Street Address	
40 City, St, Zip		40 City, St, Zip	
41 Title		41 Title	☐ Change ☐ Addition
42 Name		42 Name	
43 Street Address		43 Street Address	
44 City, St, Zip		44 City, St, Zip	

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, accurate and that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Mary J Sykes, Director — MARY J SYKES — 4-20-95 — 503-673-5405

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Telephone Number

0004721 FN