## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000055807 (0)

TRIAD DEVELOPMENT OF BAY COUNTY, INC.

	FL 32405	PANAMA CITY FL 32405-4101							
						3. Date Incorporated or Qualified 08/10/1993		te of Last R 23/1996	eport
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			plied For
1		26				59-3201341		No	t Applicable
Suite, Apt. #	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	,	City & State			i	6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added	
Zip	Country	Zip	<u> </u>	ountry		8. This corporation has liability for			. 199.032,
<u> </u>	9. Name and Address of Curre	29	30			Florida Statutes  10. Name and Address of New R	Yes		
		nt Hegisterea Agent		B1	Name	10, Name and Address of New H	egistered /	Agent	
	S, BRIAN D			61	Name				
	B FRONT BEACH RD		82 Street Add		dress (P.O. Box Number is Not Acceptable)				
PAN	AMA CITY BEACH FL 32407			83		**************************************			
				"					
				84	City		FL	<b>85</b> Zip (	Code
11. Pursuant to office or re	o the provisions of Sections 607.050 ogistered agent, or both, in the State	02 and 607.1508, Florida Statue of Florida. Such change was	utes, the	above ed by	named co	rporation submits this statement for the ation's board of directors. I hereby acci	purpose of ept the app	changing it ointment as	s registered registered
SIGNATURE									
2.	Signature, typed or printed name of regiscred ag	ons and title if applicable (NC ND DIRECTORS	D1E: Register		nt signature req	uired when reinslating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	R IN 12
TLF	D	DELETE	_	TITLE		ADDITIONS/CHANGES TO OFF	ICENS AND	Change	Additi
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40941			12	NAME	`				
	MEINTS, HARRY S			NAME	ADDRESS				
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SIGNATURE

SERVICIONE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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