FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-7050

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:08

DOCUMENT # P93000075979 (3)

1. Corporation Name
TRIWAL, INC.

Principal Place of Business
4060 TAMPA RD.
OLDSMAR FL 34677
US

Mailing Address
60 FERNBROOK RD.
OLDSMAR FL 34677
PLEASE NOTE CHANGE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 4263 TREMBLAY WAY
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc (27)
City & State (23)
City & State (28): PALM HARBOR FL
Zip (24) / Country (25)
Zip (29): 34685 / Country (30)

4. FEI Number: 59-3208678 — 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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	PV	11 TITLE	PV	☒ Change ☐ Addition
NAME	WALLACE, DONATELLA SABR	12 NAME	WALLACE, DONATELLA SABR	ADDRESS
STREET ADDRESS	60 FERNBROOK RD.	13 STREET ADDRESS	4263 TREMBLAY WAY	
CITY ST ZIP	OLDSMAR FL	14 CITY ST ZIP	PALM HARBOR FL	
TITLE	ST	21 TITLE	ST	☒ Change ☐ Addition
NAME	WALLACE, MICHAEL	22 NAME	WALLACE, MICHAEL	ADDRESS
STREET ADDRESS	60 FERNBROOK RD.	23 STREET ADDRESS	4263 TREMBLAY WAY	
CITY ST ZIP	OLDSMAR FL	24 CITY ST ZIP	PALM HARBOR FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS	PO BOX 1041	
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: DWallace Donatella S. Wallace 4/11/95 (813) 855 6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0305504 CP