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

FILED Mar 27 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000017192 (3) TRIREX CONSULTING COMPANY Principal Place of Business Mailing Address 4724 NW 57TH DRIVE 4724 NW 57TH DRIVE GAINESVILLE FL 32606 GAINESVILLE FL 32606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1994 2. Principal Place of Business
21 2770 HE PLACECEST LAKES BLUP 28. Mailing Address
26 2 770 NE PIACCIEST LAKES BLVD 4. FEI Number Applied For 59-3235230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing BEACH FL Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 45 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, OTTO MACK 4724 NW 57TH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32606** Pinecrest lakes 84 ons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florid T. Soch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the obligations of, Section 607.6305, Florida Statutes. 11. Pursuant to the provisions of Section office or registered agent, or by agent. I am familia SIGNATURE Signature typ (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIR CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Addition Change TITLE 1.1 TITLE JONES, OTTO MACK 2770 NE PINESREST LAKES BLUD NAME 1.2 NAME 4724 NW 57TH DRIVE 1.3 STREET ADDRESS STREET ADDRESS JENSAN BEACH FL 34957 **GAINESVILLE FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE SEC - TREA Change Addition TITLE 2.1 TITLE maryagnes Jones 2.2 NAME NAME 2770 NE PINEGREST Lakes BLVD STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Jensen Beach DELETE ☐ Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with the filing 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 recover or trustoe 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 adachment with an address. マークラー 4オ