

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000019990 (8)

1. Corporation Name

TRICORD - EMERALD COAST, INC.

FILED

95 JUL 21 PM 12:21

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

**757 HWY 90 EAST, UNIT 14
SUITE 179
DESTIN FL 32541**

Mailing Address

**757 HWY 90 EAST, UNIT 14
SUITE 179
DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report

2. Principal Place of Business

269 Ozalea Dr

2a. Mailing Address

269 Ozalea Dr

4. FEI Number

59-3226557

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**

7. This corporation has liability for indebtedness for under \$ 100,000

Florida Statutes

☐ Yes ☒ No

City & State

Destin FL

City & State

Destin FL

Zip

32541

County

Okaloosa

Zip

32541

County

Okaloosa

9. Name and Address of Current Registered Agent

**LOVELACE, DEWITT M
743 HWY 90 EAST
SUITE #5
DESTIN FL 32541**

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

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

P
Shane L. Cannon
3847 INDIAN TR.
Destin FL 32541
☒ Change ☐ Addition

V
Bob Carlson
838 Kell-Aire Dr
Destin FL 32541
☒ Change ☐ Addition

S/T
Shane L. Cannon
3847 INDIAN TR
Destin FL 32541
☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **x** *Shane L. Cannon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-95(904)654-6099
Date (optional) Phone #

CR2E034 (3/95)