

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000019990 (8)

1. Corporation Name

TRICORD - EMERALD COAST, INC.



Principal Place of Business

Mailing Address

269 AZALEA DRIVE
~~SUITE 179~~
DESTIN FL 32541
US

269 AZALEA DRIVE
~~SUITE 179~~
DESTIN FL 32541
US

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report
07/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVELACE, DEWITT M
743 HWY 98 EAST
SUITE #5
DESTIN FL 32541

81 Name

Robert L. Carlson Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

269 AZALEA Dr.

83

84 City

Destin

FL

85 Zip Code

32541

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

Robert L. Carlson Sr.

(NOTE: Registered Agent signature required when reinstating.)

DATE

1-1-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME CANNON, SHANE L.
STREET ADDRESS 3847 INDIAN TRAIL
CITY-ST-ZIP DESTIN FL ☒ DELETE

TITLE V
NAME CARLSON, BOB
STREET ADDRESS 838 KELL-AIRE DRIVE
CITY-ST-ZIP DESTIN FL ☐ DELETE

TITLE ST
NAME CANNON, SHANE L.
STREET ADDRESS 3847 INDIAN TRAIL
CITY-ST-ZIP DESTIN FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME LINDA LOUISE DENETTE
STREET ADDRESS My Comm Exp. 9/17/96
CITY-ST-ZIP Bonded By Service Ins
No. CC229027 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Robert L. Carlson
1.3 STREET ADDRESS 269 AZALEA Dr.
1.4 CITY-ST-ZIP Destin FL. 32540 ☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME Robert L. Carlson
2.3 STREET ADDRESS 269 AZALEA Dr.
2.4 CITY-ST-ZIP Destin FL. 32540 ☒ Change ☐ Addition

3.1 TITLE ST
3.2 NAME Robert L. Carlson
3.3 STREET ADDRESS 269 AZALEA Dr.
3.4 CITY-ST-ZIP Destin FL. 32540 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Shane L. Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-1-96 901-654-6099

CR2E034 (12/95)