FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

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TALLAHASSEE FLORIDA

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DOCUMENT # P94000061857 (6)

1. Corporation Name
TRI-MART SUPPLY INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1101 NORTH PAUL DRIVE INVERNESS FL 34453	1101 NORTH PAUL DRIVE INVERNESS FL 34453

3. Date Incorporated or Qualified: 08/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3263368 ☐ 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
TRIMARCHE, SERENO P 1101 NORTH PAUL DRIVE INVERNESS FL 34453	81 Name: Trimarche, John 82 Street Address (P.O. Box Number is Not Acceptable): 719 Carnegie Drive 83 84 City: INVERNESS, Fl. FL 85 Zip Code: 34452

11. Pursuant to the provisions of Section 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 H. Pennington — Robert H. Pennington — 17 May 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name/address) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PT	☑ Change ☐ Addition
NAME	TRIMARCHE, SERENO P	12 NAME	Trimarche, John	
STREET ADDRESS	6140 EAST TENSION ST.	13 STREET ADDRESS	719 Carnegie Dr	
CITY-ST-ZIP	INVERNESS FL 34452	14 CITY-ST-ZIP	INVERNESS, Fl 34452	
TITLE	VS	21 TITLE	VS	☑ Change ☐ Addition
NAME	TRIMARCHE, JOHN	22 NAME	PENNington, Robert	
STREET ADDRESS	719 CARNEGIE DRIVE	23 STREET ADDRESS	2160 W. JANZIN LANE	
CITY-ST-ZIP	INVERNESS FL 34452	24 CITY-ST-ZIP	LECANTO FL. 34461	
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		
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 electronic 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: John Trimarche — John Trimarche — 4/20/95 — 904-726-5383
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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