

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 # P94000061857 (6)

1. Corporation Name

TRI-MART SUPPLY INC.

FILED

97 MAR 10 AM 9: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

96.

Principal Place of Business

1101 NORTH PAUL DRIVE
INVERNESS FL 34453

Mailing Address

1101 NORTH PAUL DRIVE
INVERNESS FL 34453

3. Date Incorporated or Qualified
08/23/1994

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

21 1915 W. MAIN STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 1915 W. MAIN STREET

Suite, Apt. #, etc.

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

22 City & State

23 Inverness, FL

Zip

24 34452

Country

25 Citrus

27 City & State

28 Inverness, FL

Zip

29 34452

Country

30 Citrus

9. Name and Address of Current Registered Agent

TRIMARCHE, JOHN P
719 CARNEGIE DRIVE
INVERNESS FL 34453

10. Name and Address of New Registered Agent

81 Name

Robert H. Pennington

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

2160 W. JANZIN LANE

83

84 City

Lecanto

FL

85 Zip Code

34461

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 H. Pennington

(NOTE: Registered Agent signature required when reinstating)

1/2/1996

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE

NAME TRIMARCHE, JOHN P
STREET ADDRESS 719 CARNEGIE DR
CITY-ST-ZIP INVERNESS FL 34452

TITLE VS ☐ DELETE

NAME PENNINGTON, ROBERT
STREET ADDRESS 2160 W. JANZIN LANE
CITY-ST-ZIP LECANTO FL 34461

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President

Pennington, Robert H.

2160 W. Janzin Lane

Lecanto, FL 34461

100002110241--2

03/11/97 01114 004

****375.00

****375.00

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: Robert H. Pennington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Pennington

JAN 2, 1996

Date

(352) 726-5383

Daytime Phone #

CR2E034 (12/95)