

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000065066 (0)**

1. Corporation Name

**TRI-D CONCRETE MASONRY & CONSTRUCTION, INC.**



Principal Place of Business

Mailing Address

4856 PAT ANN TERR  
ORLANDO FL 32808

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ORLANDO FL 32808

3. Date Incorporated or Qualified

09/06/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2322582

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

10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent

MOSLEY, DEAN F  
25 S MAGNOLIA AVE  
ORLANDO FL 32801

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 607.0602 and 607.1506, 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 607.0603, Florida Statutes.

SIGNATURE **DEAN F. MOSLEY**

4/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	DERICHO, HERMAN	4856 PAT ANN TERR	ORLANDO FL 32808	<input type="checkbox"/>
T	DERICHO, MARY J	4856 PAT ANN TERR	ORLANDO FL 32808	<input type="checkbox"/>
S	DERICHO, VIRGINIA	4856 PAT ANN TERR	ORLANDO FL 32808	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. TITLE	13. NAME	13. STREET ADDRESS	13. CITY-STATE-ZIP	13. DELETE	Change	Addition
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 119.07(4)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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 officer 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 applicable, or on an attachment with an address.

SIGNATURE: **H.L. DericHO - H.L. DERICHO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (407) 299-1008

CR2E034 (12/95)