

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074677 (3)

1. Corporation Name
TRI-OPS, INC.

Principal Place of Business
11838 BLUE TEAL COURT
JACKSONVILLE FL 32225

Mailing Address
11838 BLUE TEAL COURT
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/11/1994	3a. Date of Last Report
4. FEI Number 59-3281561	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	

2. Principal Place of Business 21 11383 Blue Teal Court Suite, Apt. #, etc. 22 City & State Jacksonville, FL Zip 32225	2a. Mailing Address 26 11383 Blue Teal Court Suite, Apt. #, etc. 27 City & State Jacksonville, FL Zip 32225
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9. Name and Address of Current Registered Agent

YATES, Nanci J
10157 HAWKS HOLLOW RD.
JACKSONVILLE FL 32257

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT
NAME	YATES, Nanci J
STREET ADDRESS	10157 HAWKS HOLLOW RD.
CITY - ST - ZIP	JACKSONVILLE FL 32257
TITLE	P
NAME	IRV Adams
STREET ADDRESS	11383 Blue Teal Court
CITY - ST - ZIP	Jacksonville, FL 32225
TITLE	S
NAME	Phil Bureau
STREET ADDRESS	10727 Lippizan Drive
CITY - ST - ZIP	Jacksonville, FL 32257
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	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nanci J. Yates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

Date

641-8854

Telephone Number