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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000085615 (9)

1. Corporation Name

TRI TECHNICAL RESEARCH INDUSTRIES, INC.



Principal Place of Business

P.O. BOX 7524
OCALA FL 34472

Mailing Address

P.O. BOX 7524
OCALA FL 34472-7524

3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3339520

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ANGELICO, HANK
STREET ADDRESS 308 OAK TRACK RADIAL
CITY-ST-ZIP Ocala FL 34472

TITLE D ☐ DELETE

NAME MITCHELL, PAUL C
STREET ADDRESS 4025 SE 17TH LANE
CITY-ST-ZIP Ocala FL 34471

TITLE D ☐ DELETE

NAME GILCHRIST, MARILYN
STREET ADDRESS 7024 SW 83RD STREET ROAD
CITY-ST-ZIP Ocala FL 34476

TITLE D ☒ DELETE

NAME MADIGAN, GLENN
STREET ADDRESS 13270 SOUTHEAST 108TH TERRACE
CITY-ST-ZIP Ocklawaha FL 32179

TITLE D ☒ DELETE

NAME MITCHELL, JULIE S
STREET ADDRESS 4025 SOUTHEAST 17TH LANE
CITY-ST-ZIP Ocala FL 34471

TITLE D ☐ DELETE

NAME ANGELICO, ANNE M
STREET ADDRESS 308 OAK TRACK RADIAL
CITY-ST-ZIP Ocala FL 34472

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Angelico, Hank ☒ Change ☐ Addition

1.2 NAME 4215 SE 17th Lane
1.3 STREET ADDRESS Ocala FL 34471
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Angelico, Anne M ☒ Change ☐ Addition

6.2 NAME 4215 SE 17th Lane
6.3 STREET ADDRESS Ocala, FL 34471
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

Hank Angelico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

(352) 694-9106

Daytime Phone #

CR2E034 (9/96)