

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90148 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000005481

1. Corporation Name
TRI-SHARP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**31 NORTH NAVY BOULEVARD
 PENSACOLA FL 32507**

Mailing Address
**31 NORTH NAVY BOULEVARD
 PENSACOLA FL 32507**

3. Date Incorporated or Qualified
01/01/1996

2. Principal Place of Business
 21 [] 2a. Mailing Address
 26 []

4. FEI Number
59-3348734

Suite, Apt. #, etc.
 22 [] 27 []

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 [] 28 []

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 [] 25 [] 29 [] 30 []

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**O'BRIEN, JOHN G
 221 E GARDEN STREET
 PENSACOLA FL 32501**

10. Name and Address of New Registered Agent
 81 Name **GERARD J KEELEY**
 82 Street Address (P.O. Box Number is Not Acceptable)
8200 W. HWY 98 STE A
 83 []
 84 City **PENSACOLA FL** 85 Zip Code **32506**

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 *G J Keeley* (NOTE: Registered Agent signature required when reinstating) DATE **2/27/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTA, TERRIS	1.2 NAME	
STREET ADDRESS	31 N NAVY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE** *Alta Terris* Sec - Treas. DATE **3-2-99** Daytime Phone #

CR2E034 (1/1/98)