

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000052962 (3)

1. Corporation Name

TRI-STAR SALES, INC.



Principal Place of Business

Mailing Address

18300 NORTHBRIDGE WAY  
FT. MYERS FL 33912  
US

18300 NORTHBRIDGE WAY  
FT. MYERS FL 33912  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 182 PEBBLE SHORES DRIVE

2a. Mailing Address

26 132 PEBBLE SHORES DRIVE

Suite, Apt. #, etc.

22 204

Suite, Apt. #, etc.

27 204

City & State

23 NAPLES, FL.

City & State

28 NAPLES, FL.

Zip

24 34110

Country

25 COLLIER

Zip

29 34110

Country

30 COLLIER

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

65-0674973

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRETT, THOMAS M  
18300 NORTHBRIDGE WAY  
FT. MYERS FL 33912

81 Name

THOMAS M. BARRETT

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

83 132 PEBBLE SHORES DRIVE # 204

84 City

NAPLES

FL

85 Zip Code

34110

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

Thomas M. Barrett

(NOTE: Registered Agent signature required when reinstating)

DATE

4.8.98

12. OFFICERS AND DIRECTORS

TITLE P THOMAS BARRETT ☒ DELETE

NAME THOMAS BARRETT  
STREET ADDRESS 18300 N. BRIDGE WAY  
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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CITY-ST-ZIP

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NAME  
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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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME THOMAS M. BARRETT  
1.3 STREET ADDRESS 132 PEBBLE SHORES DR. # 204  
1.4 CITY-ST-ZIP NAPLES, FL. 34110

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 ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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.

Thomas M. Barrett

4/8/98

(941) 513-2371

CF2E034 (10/97)