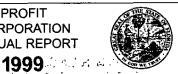
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600054799 1. Corporation Name

TRI L CORPORATION

Principal	Place	of Business	

Mailing Address

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90052 035 ***150.00



8367 SOUTHEAST PINE CIRCLE HOBE SOUND FL 33455 US	B367 SOUTHEAST PINE CIR HOBE SOUND FL 33455	ICLE		DO NOT WRITE IN The 3. Date Incorporated or Qualifed 06/27/1996	HIS SPACE	
2. Principal Place of Business	2a. Mailing Address			4, FEI Number		Applied For
21	26			65-0681833		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		•	_	\$8.75	Additional
22	27			5. Certificate of Status Desired	Fee	Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip Country 24 25	Zip	Count	ry	This corporation owes the current year Personal Property Tax.	Intangible Ves	□No
9. Name and Address of Curre				10. Name and Address of New Register	ed Agent	
	<u> </u>	8	1 Name			
LOLMAUGH, LLOYD L. 8367 SE PINE CIRCLE		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
HOBE SOUND FL 33455		8	3		•	
		8	4 City	· F	85 Zi	p Code
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Solid agent. I am familia with, and accept the oblig SIGNATURE.	stood belotmas	100	40.850	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment as	its registered registered
	ent and title if applicable. (NOTE:	13.	gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TILE P	☐ DELETE	1,1 TITLE			Chang	
NAME LOUMAUGH, LLOYD	(多种)(春、以)(5)	1,2 NAM				
STREET ADDRESS 8367 SOUTHEAST PINE CIRC	olinaire. N ⊑		ET ADDRESS			ì
LIGHT COLUMN TI COLUMN		1.4 CITY				
TITLE HOBE SOUND PL 33455	☐ DELETE	2.1 TITLE			Chang	e 🔲 Addition
NAME -		2.2 NAM				ļ
_ <u> </u>		I -	ET ADDRESS			ļ
STREET ADDRESS				•		
CITY-ST-ZIP	☐ DELETE	3,1 TITLE	'-ST-ZIP		Chang	e 🔲 Addition
TITLE	- 0	3.2 NAM	Y			-
NAME			1			ł
STREET ADDRESS			ET ADDRESS			
CITY-ST-ZIP	☐ DELETE	4.1 TITU	-ST-ZIP -		☐ Chang	e Addition
TITLE	ب مسدد	4, 1111C				· -)
NAME		4				
STREET ADDRESS			ET ADDRESS			ţ
CITY-ST-ZIP	DELETE	4.4 CITY			Chang	e Addition
TITLE		5,1 TITL			\$,
NAME .			EET ADDRESS			ľ
STREET ADDRESS ,		1				
CITY-ST-ZIP · ,-	·	5.4 CITY			["] Chan	ne 🗆 Addition
mle	☐ DELETE	6.1 TITL			Chang	je Li Audigoii
NAME .		6.2 NAM	i i			-
STREET ADDRESS		6.3 STR	EET ADDRESS			Į
l		E 64 CITY	-ST-7IP	_		

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 a address, with all other like empowered.