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FILED
Apr 25 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 # P96000080732
1. Corporation Name

TRIAD FINANCIAL, INC.

Principal Place of Business

Mailing Address

6324 COUNTY ROAD 579
TAMPA, FLORIDA 33687

6324 COUNTY ROAD 579
TAMPA, FLORIDA 33687

3. Date Incorporated or Qualified

9-26-96

3a. Date of Last Report

NONE

2. Principal Place of Business

21 100 NORTH TAMPA STREET

Suite, Apt. #, etc.

22 2150

City & State

23 TAMPA, FLORIDA

Zip

24 33602

Country

25 US

2a. Mailing Address

26 100 NORTH TAMPA STREET

Suite, Apt. #, etc.

27 2150

City & State

28 TAMPA, FLORIDA

Zip

29 33602

Country

30 US

4. FEI Number

59-3429590

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

MICHAEL R. CAREY
100 SOUTH ASHLEY DRIVE
SUITE 1190
TAMPA, FLORIDA 33602

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

(Type, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ DELETE

NAME STANTON, JOHN D.
STREET ADDRESS 6324 COUNTY ROAD 579
CITY-STATE-ZIP TAMPA, FLORIDA 33687

TITLE DIRECTOR ☒ DELETE

NAME STANTON, JOHN D.
STREET ADDRESS 6324 COUNTY ROAD 579
CITY-STATE-ZIP TAMPA, FLORIDA 33687

TITLE DIRECTOR ☐ DELETE

NAME WESTON, TIMOTHY A.
STREET ADDRESS 707 NORTH HIMES AVENUE
CITY-STATE-ZIP TAMPA, FLORIDA 33607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition

1.2 NAME JOHN D. STANTON
1.3 STREET ADDRESS 100 NORTH TAMPA STREET, SUITE 2150
1.4 CITY-STATE-ZIP TAMPA, FLORIDA 33602

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME STEVEN T. ROGERS
2.3 STREET ADDRESS 100 NORTH TAMPA STREET, SUITE 2150
2.4 CITY-STATE-ZIP TAMPA, FLORIDA 33602

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. STANTON

Date

(813) 621-4641

Daytime Phone #

CR2E034 (9/96)