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

PROFIT



FLORIDA DEPARTMENT OF STATE

,				B. Mortham ary of State		Secretary of State				
	1998	1175	DIVISION OF CORPORATIONS			_ Secretar	y oı	Sta	ue	
DQ.	CUMENT # 69	6 0000997	ŀ							
	HERNANDO RECC	icle 4 Tria	NSTER, INC.							
Princip	pal Place of Business	Ma	iling Address							
20255 DENNY DRIVE SAME. BROOKSULLE PL 34601						•				
BROOKSVELLE PL 34601						DO NOT WRIT	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified				
	ncipal Place of Business	<u> </u>	Mailing Address		-	4. FEI Number 59-3417909			plied For	
21 Sui	te, Apt. #, etc.	26	Suite, Apl. #, etc.					\$8.75	Additional	
22		27	27			5, Certificate of Status Desired		Fee Re	quired	
23 23	City & State 28					Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
Zıp	Country Zip Co			Country	y	8. This corporation owes or has p	aid the cur			
24	25 29 30 30 30 30 30 30 30 3					Personal Property Tax due Jun 10, Name and Address of New R			J No	
				81	Name	IO. resilie and Abbitage of the re	-A-series .	- your		
WILLSOM K. LOVELACE, ESA				82	Street Ad	Idress (P.O. Box Number is Not Accepts	ble)	·		
	2310. WEST BMY DR.									
LARGO PL 33770				83			·			
					City		FL	85 Zip (Code	
11. Pu	rsuant to the provisions of Seclice or registered agent, or both	tions 607,0502 and 60 h, in the State of Florid	7.1508, Florida Statut la. Such change was s	es, the abov	e-named co	exporation submits this statement for the ration's board of directors. I hereby acceptable	purpose of	changing it	s registered registered	
aç	jent. I am Iamiliar with, and ac	cept the obligations of	Section 607.0505, Fig.	orida Statute	s.					
SIGNA					ent signalurs rec	ured when reinstaling)	DATÉ			
12, IIILE		OFFICERS AND DIREC	TORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND		S IN 12	
HAME		SPANGLER, MICHAEL		1.1 TITLE 1.2 NAME				Change	LT MODITION	
	THOMPSES 20255 DENNY DRZUE			1.3 STREET ADDRESS						
CITY-ST	BROOKSVILLE, FZ 34601			1.4 CITY+ST-ZIP						
IUITE	0			2.1 TITLE				Change	Addition	
NAME	L L Marrie L'Alle anni Marie La			2.2 NAME	1					
	DORESS 20265 DENNY	o prive			ADORESS					
CITY-ST TITLE	DELETE		2.4 CITY - ST - ZIP 3.1 TITLE				Change	Addition		
NAME				3.2 NAME						
STREET A	DORESS (I ADDRESS					
CITY-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY-	ST-ZIP		·			
TITLE	ļ		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME STREET A	nnecce			4. 2 NAME	i i	800002534 05/22/9801104-	0.78	}		
CITY-ST	l l			4.4 CITY-	T ADGRESS	05/22/3801104- ***165.60	-039	/		
TITLE			☐ DELETE	5.1 TITLE	v - 94	7.7.1115) . HII	_	☐ Cyange	Addition	
HAME				5.2 NAME	ľ		MS	/11		
STREET A	DORESS			5.3 STREE	T ADDRESS	4	114	01		
CITY-ST	· Z#		DC: 575	5.4 CITY	ST - ZIP	/(7		
TITLE			DELETE	6.1 TITLE	1			Change	Addition	
STREET A	LOORESS -			6.2 NAME	T ADDRESS					
CITY-ST	,			64 CITY+						

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.