FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90211 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073106

1. Corporation Name

TRI/NOBLE INVESTMENTS COMPANY

Principal Place	of Business	Mailing Address				
2033 MAIN ST., STE, 101		2033 MAIN ST., STE, 101				
SARASOTA FL 34237		SARASOTA FL 34237			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed
						08/22/1997
		- Lo. M. W A				4. FEI Number Apriled For
	ace of Business	2a. Mailing Address				
21		26				65-0778250 Not Applicable \$8.75 Additional
Suite, Abt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22		City & State				
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23	Country	Zip Country				
Zip	Courtry	 		,uniti y		8. This corporation owes the current year intangible Person al Property Tax. Yes No
24	[25]	29	30			10. Name and Address of New Registered Agent
	9. Name and Address of Current	Kedisteten Adeur		81	Name	10. Haine and Address of Not Registrate
PEH F	JGNER, J. GEOFFREY				, ,,,,,,,,	
2033 MAIN ST., STE. 101			82		Street A	Acdress (P.O. Box Number is Not Acceptable)
SARASOTA FL 34237		0.2		83		
SPATI	1001A 1E 34237			03		
				84	City	85 Zip Code
				سلــ		FL 88 250 AB
11. Pursuant to the provisions of Sc clions 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 bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE						
	Signature, typed or printed na ne of registered agen				it signature re	equired when reinstating) DATE ADDITION OF THE PROPERTY OF T
<u> 12.</u>	OFFICERS AN		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	D	☐ DELETE		1,1 TITLE		
NAME	PAOLINI, GRANT		12	12 NAME		
STREET ADDRESS	7614 37TH ST. CIR. E.		1.3 STREET A		ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	<u> </u>	1,4	1,4 CITY-ST-ZIP		
TITLE	D	□ DELETE	2.1	2.1 TITLE		☐ Change ☐ Addition
NAME	reister, gerald		2.2 NAME			
STREET ADDRESS	5637 MERRIMAC DR.		2.3	STREET	ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231		2. 4 CITY-ST-		T-ZIP	
TITLE	D	☐ DELETE	3.1	3.1 TITLE		Change Addition
NAME	JOHNSON, WILLIAM A III		32	NAME		
STREET ADDRESS	6528 LINCOLN RD.		3.3 STREE		ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208		34.	34, CITY-ST-		
TITLE		DELETE	4.1	TITLE		☐ Change ☐ Addition
NAME			4.2	NAME	ļ	
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST		I	
TITLE		DELETE		5.1 TITLE		Change Addition
NAME		_		NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5,4	CITY-S	T-ZIP	
U111-01-21F						

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 a light empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

ED OR JAINTED NAME OF SIGNING OFFICER OR DIRECTOR

241-951-0577

Change

☐ Addition