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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Jan 25, 1999 8:00am

Secretary of State

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Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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TRI-ORR CORPORATION

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| Principal Place of Business | Mailing Address | | | | 11 99 717 89(9) 18 11 8 (2) | 91 9 1 9 1 1 9 1 1 | ardi 1(8) 1881 |
| 17 FALCONWOOD COURT | 17 FALCONWOOD COURT | | | | | | |
| FT. MYERS FL 33919 FT. MYERS FL 33919 | | | | | IN TUIO 00 * 4 | · · | |
| | | | | | E IN THIS SPAC | .E | |
| | | | | 3. Date Incorporated or Qualifed 09/25/1997 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | | App | lied For |
| 21 | 26 | | | 65-0791138 | | Not | Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 | | dditional |
| 22 | 27 | | | 01 25/11/06/0 01 01/11/20 000 100 | | Fee Req | quired |
| City & State | . City & State | | | 6. Election Campaign Financing | | 5.00 N | |
| 23 | 28 | | | Trust Fund Contribution | <i>F</i> | Added to | Fees |
| Zip Country | Zip | Countr | У | 8. This corporation owes the curre | | | |
| 24 25 | 29 | 30 | | Personal Property Tax. | | | □No |
| 9. Name and Address of Cu | urrent Registered Agent | | al | 10. Name and Address of New R | egistered Agen | ι <i>'</i> | |
| OPP INTO 5 | | 81 | 1 Name | | 50 1 4 A | | |
| ORR, JAMES F | | 82 | 2 Street Addr | ress (P.O. Box Number is Not Accepta | ble) | - 3 | |
| 11-1 MECONINGOD OI | • | | | 5 4 5 . 15 . S. 16 | | | ferrira ida |
| FT MYERS FL 33919 | | 83 | 3 | | | | |
| | | 84 | 4 City | 1 | 85 | Zip C | ode |
| <u></u> | | 1 | | | FL. | ' ' | • |
| :ac | State of Florida Sush Florida Statute State of Florida Sush Hange was au bligations of Station 607 0505, Flori | is, the abov ithorized by ida Statute | ve-named corp y the corporations. | poration submits this statement for the on's board of directors. I hereby acceptable | the appointmen | it as reg | registered |
| SIGNATURE Signature, typed or printed name of registere | and agent and title if applicable. (NOTE: S AND DIRECTORS | | ve-named corp y the corporations. | | DATE FICERS AND DIF | RECTOR | R\$ IN 12 |
| SIGNATURE Signature, typed or printed name of registere | and agent and title if applicable. (NOTE: | Registered Age | ent signature require | ed when reinstating) | DATE FICERS AND DIF | 7 47 8 | <u> </u> |
| SIGNATURE Signature typed or printed name of registere 12. OFFICER: DORR, JAMES F | and agent and title if applicable. (NOTE: S AND DIRECTORS | Registered Age | ent signature require | ed when reinstating) | DATE FICERS AND DIF | RECTOR | R\$ IN 12 |
| SIGNATURE Signature, typed or printed name of registere OFFICER: | and agent and title if applicable. (NOTE: S AND DIRECTORS | 13. 1.1 TITLE 1.2 NAME | ent signature require | ed when reinstating) | DATE FICERS AND DIF | RECTOR | R\$ IN 12 |
| SIGNATURE Signature toped or printed name of registere 12. OFFICER: DORR, JAMES F | ad agent and title if applicable. (NOTE: S AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME | ent signature require | ed when reinstating) | DATE FICERS AND DI | RECTOR | RS IN 12 |
| SIGNATURE 12. OFFICER: TITLE D NAME ORR, JAMES F STREET ADDRESS 17 FALCONWOOD CT | and agent and title if applicable. (NOTE: S AND DIRECTORS | 13. 1.1 TITLE 1.2 NAME | ent signature require | ed when reinstating) | DATE FICERS AND DI | RECTOR | R\$ IN 12 |
| SIGNATURE 12. OFFICER: TITLE D NAME ORR, JAMES F STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33919 | ad agent and title if applicable. (NOTE: S AND DIRECTORS DELETE | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- | ent signature require | ed when reinstating) | DATE FICERS AND DI | RECTOR | RS IN 12 |
| SIGNATURE 12. OFFICER: TITLE D NAME ORR, JAMES F STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33919 TITLE D | ad agent and title if applicable. (NOTE: S AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME | ent signature require | ed when reinstating) | DATE FICERS AND DI | RECTOR | RS IN 12 |
| SIGNATURE 12. OFFICER: TITLE D NAME ORR, JAMES F STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33919 TITLE D NAME ORR, LORRAINE A | ad agent and title if applicable. (NOTE: S AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME | ent signature require ET ADDRESS ST-ZIP ET ADDRESS | ed when reinstating) | DATE FICERS AND DI | RECTOP Change | RS IN 12 Addition |
| SIGNATURE 12. OFFICER: TITLE D NAME ORR, JAMES F STREET ADDRESS CITY- ST- ZIP TITLE NAME ORR, LORRAINE A STREET ADDRESS 17 FALCONWOOD CT FT MYERS FL 33919 ORR, LORRAINE A 17 FALCONWOOD CT | ad agent and title if applicable. (NOTE: S AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI | ent signature require ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | ed when reinstating) | DATE FICERS AND DI | RECTOR | RS IN 12 |
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6.4 CITY-ST-ZIP 14. 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 stianged, or on an attackment with an address with all other like empowered.