

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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092776 (8)

1. Corporation Name
TRI QUALITY CONTROL, INC.

Principal Place of Business

200 WILLARD STREET
COCOA FL 32922

Mailing Address

200 WILLARD STREET
COCOA FL 32922

2. Principal Place of Business

21 5380 HOFFNER AVE

2a. Mailing Address

26 5380 HOFFNER AVE

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

Zip

24 32812

Country

25 U.S.

Zip

29 32812

Country

30 U.S.

9. Name and Address of Current Registered Agent

TRIDICO, RON
200 WILLARD STREET
COCOA FL 32922

REINSTATEMENT 98-99

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year (transferable Personal Property Tax due June 30)

PAID

10. Name and Address of New Registered Agent

81 Name

LISA BRADNICK

82 Street Address (P.O. Box Number is Not Acceptable)

4607 ALRICK DR.

83

84 City

ORLANDO

FL

85 Zip Code

32839

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

Ron Tridico Lisa Bradnick

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when instituting)

DATE

6/23/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002945911-1

-07/30/99-01049-010

****900.00 ****900.00

PRESIDENT

RON TRIDICO

5380 HOFFNER AVE.

ORLANDO, FL 32812

V. PRESIDENT

DARREL WEST

5380 HOFFNER AVE.

ORLANDO, FL 32812

SEC. 1/TREAS.

LISA BRADNICK

4607 ALRICK DR.

ORLANDO, FL 32839

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 on 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

Ron Tridico

6-23-99

407-482-3712

CR2E034 (10/97)