

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90071 003 ***150.00

DOCUMENT # P98000049608

1. Entity Name
CT TRICO ENTERPRISES, INC.Principal Place of Business
2512 S TANNER ROAD
ORLANDO FL 32820Mailing Address
1785 E HWY 50
SUITE A
CLERMONT FL 34711-9119

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

300 VIRGINIA ST

Suite, Apt. #, etc.

City & State

CLERMONT FL

Zip

34711

Country

4. FEI Number
59-3517799

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRICK, DAVID JR
1785 E HWY 50, SUITE A
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name DAVID GARRICK JR

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

300 VIRGINIA ST

City CLERMONT, FL

FL

Zip Code
34711

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, word or printed name of registered agent and title (applicable)

(NOTE: Registrant must sign this statement with the following)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After May 1, 2002. Fee will be \$550.00...
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

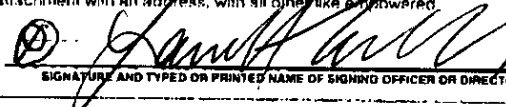
11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
TANNER, LAWRENCE H
2512 S. TANNER RD.
ORLANDO FL 32820 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
GARRICK, DAVID JR
13201 PLUM LAKE CIRCLE
CLERMONT FL 34711 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

407-
677-0296

D. Stephen Phelan

CP2E034 (9/01)