2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 07, 2007 8:00 am DOCUMENT # P99000026592 **Secretary of State** 03-07-2007 90020 010 ***150.00 TRI-MANAGEMENT COMPANY Principal Place of Business Mailing Address 324 S.W. 16TH ST. BELLE GLADE FL 33430 324 S.W. 16TH ST. BELLE GLADE FL 33430 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0908412 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent George M. Royal HERRING, JAMES M JR. Street Address (P.O. Box Number is Not Acceptable) 324 S.W. 16TH ST. BELLE GLADE FL 33430 324 SW 16th Street City 33436 Belle Glade 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. I am familiar with, and accept the obligations of registered agent. 2/27/07 SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE XX Change Addition 10111 ☐ Delete PD, VPD, ST ROYAL, GEORGE M NAMI NAME 324 S.W. 16TH ST. STREEL ADDRESS STREET LADDRESS BELLE GLADE FL 33430 CHY ST ZIP CITY ST ZIP XX Delete Change Addition ROYAL, JEFFREY L NAMI NAM 324 S.W. 16TH ST. STREET ADDRESS STREET ADDRESS BELLE GLADE FL 33430 CITY ST-ZIP CHY SI ZIP XX Delete ☐ Change ■ Addition HILE ROYAL, JOHN C STREET ADDRESS 324 S.W. 16TH ST. STREET ADDRESS BELLE GLADE FL 33430 CHY ST-ZIP CITY ST-ZIP 11111 XX Defete HHE ☐ Change Addition HERRING, JAMES M JR. NAMI NAME 324 S.W. 16TH ST. STREET ADDRESS STREET ADDRESS BELLE GLADE FL 33430 CHY ST ZIP CITY ST ZIP HDE Delete 11111 ☐ Change ☐ Addition NAMI STREET ADDRESS STREET LADDRESS CRY-ST-7/P CITY ST ZIP Delete ппп ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-S1-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED