## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # **S33233** (5) TRI-STAR ENTERPRISES, INC. Principal Place of Business Mailing Address 1310 SEEDS AVE 1310 SEEDS AVE SARASOTA FL 34237 SARASOTA FL 34237 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1991 2. Principal Place of Business 2s. Mailing Address Applied For 26 65-0250522 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARTLETT, CHARLES J C/O ICARD, MERRILL CULLIS ET AL Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET #600 83 SARASOTA FL 34237 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Addition Change BURTON, DONALD W II NAME 1.2 NAME 2519 APAHCE STREET STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY+ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition **6.1 TITLE** NAME 6.2 NAME

**6.3 STREET ADDRESS** 

2011/1998 (941)954-1232

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CR2E034 (10/97