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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

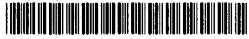
DOCUMENT # S61026 1. Corporation Name

(8)

TRIO FINANCE, INC.

A 50 PER

FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2215 W. STONG 8T. 2215 W. STONG ST. PENSACOLA FL 32505 PENSACOLA FL 32505 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3078107 Not Applicable Suite, Apt. #. etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KEHOE, JAMES F 200 PENSACOLA BEACH RD., UNIT L-7 82 Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32561** 83 84 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 liftle if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE KEHOE, JAMES F NAME 1.2 NAME 200 PENSACOLA BEACH RD STREET ADDRESS 1.3 STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 1.4 CITY-ST-7IP Change TITLE DELETE 21 TITLE Addition KEHOE, STEPHEN P NAME 2.2 NAME 1513 EL RITO DR. STREET ADDRESS 2.3 STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THILE KEHOE, MARY JEAN NAME 3.2 NAME 200 PENSACOLA BEACH RD., UNIT L-7 STREET ADDRESS 3 3 STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 3.4. C(TY-ST-Z)P DELETE Addition Change TITLE 4.1 DILE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DFLETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 changed, or on an attachment with an address.

1/26/98 (850) 435-4811