**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

**FILED**
**May 01, 1996 08:00 AM**
**Secretary of State**

DOCUMENT # **S78429** **(5)**

1. Corporation Name

**TRI W PROPERTIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1202 NORTHWEST 9TH AVENUE<br>GAINESVILLE FL 32601 | 1202 NORTHWEST 9TH AVENUE<br>GAINESVILLE FL 32601 |

3. Date Incorporated or Qualified: **09/05/1991**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3083991** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 502 NW 16th AVE | 26 502 NW 16th AVE |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Gainesville, FL | City & State 28 Gainesville, FL |
| Zip 24 32601 / Country 25 USA | Zip 29 32601 / Country 30 USA |

9. Name and Address of Current Registered Agent

**WARREN, MICHAEL E.**
**1202 NORTHWEST 9TH AVENUE**
**GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name: Michael E. Warren
82 Street Address (P.O. Box Number is Not Acceptable): 502 NW 16th AVENUE
83
84 City: Gainesville **FL** 85 Zip Code: 32601

11. Pursuant to the provisions of Sections 607.1502 and 607.1503, 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: Michael E. Warren 4/24/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>WARREN, MICHAEL E.<br>1202 NORTHWEST 9TH AVE.<br>GAINESVILLE FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DP<br>Michael E. Warren<br>502 NW 16th AVE<br>Gainesville, FL 32601 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WARREN, PHYLLIS P.<br>1202 NW 9TH AVENUE<br>GAINESVILLE FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VD<br>Phyllis P. Warren<br>502 NW 16th AVE<br>Gainesville, FL 32601 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>RAPPORT, J. D<br>4141 N.W. 34TH DRIVE<br>GAINESVILLE FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** 4/24/96 352-375-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)