FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # (5) TRI W PROPERTIES, INC. Principal Place of Business Mailing Address 502 NW 16TH AVENUE 502 NW 16TH AVENUE GAINESVILLE FL 32601 GAINESVILLE FL 32601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3083991 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Žφ 6. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WARREN, MICHAEL E 502 NW 16TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32601 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered age it and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change __ Addition 1.1 TITLE WARREN, MICHAEL E. NAME 1.2 NAME **50**2 NW 16TH AVENUE STREET ADDRESS 13 STREET ADDRESS **Gainesville** fl CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE Change 21 TITLE Addition WARREN, PHYLLIS P. NAME 2.2 NAME WARREN, PHYLLIS P. 1202 NW 9TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS 502 NW 16th Avenue gainesville fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP Gainesville, FL 32601 TITLE DELETE Change Addition 3.1 TITLE RAPPORT: J. D. NAME 3.2 NAME ROMANS, RICHARD \$02 NW-16TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS 7525 NW 38th Place **GAINESYILLE FL** C!TY-ST-ZIP 3.4. CITY - ST - ZIP Gainesville, FL 32606 DELETE Change TITLE **4.1 TITLE** 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 6.1 TITLE ☐ Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

FILED May 14 1998 8:00am Secretary of State

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 suppliemental 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 of the receiver or trustee employed 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 do an attachment with an address.

CITY-ST-ZIP

6.4 CITY - ST - ZIP

2/18/40