Applied For

\$8.75 Additional

Fee Recuired

Not Applicable

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **\$78429** 1. Corporation Name

TRI W PROPERTIES, INC.

Suite, Apt. #, etc.

22

Mailing Address Principal Place of Business 502 NW 16TH AVENUE 502 NW 16TH AVENUE GAINESVILLE FL 32601 GAINESVILLE FL 32601 US US 2. Principa Place of Business 2a. Mailing Address 26 21

27

Suite, Apt. #, etc.

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90169 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date ir corporated or Qualifed

5. Certifcate of Status Desired

09/05/1991

59-3083991

4. FEI Number

City & State	9	City & State				6. Election Campaign Financing				\$5.00 May Be		
23	<u></u>	28				Trust Fund Contribution		A	ded to	Fees		
Zip	Country	Zip	Count	ry		8. This corporation owes the current ye	ar nta	angible Ye 🔲		٦		
24	25	29	30			Persor al Property Tax.			s l	No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regist	ered /	Agent				
1444	DON MICHAELE		8	31	Name							
WARREN, MICHAEL E 502 NW 16TH AVENUE GAINESVILLE FL 32601				32	Street Ac dre	ess (P.O. Box Number is Not Acceptable)						
				_								
				33								
			-	34	City			85	Zip C	ode -		
				1	•		FL					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bo h, in the State of Florida. Such change was authorized by the corporation's board of circotors. I hereby accept the appointment as registered agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE		Alian V seed seed to 1000	TI: Registered A	2001.0	evanetrice com read	when reinstation)	TF -					
12.	Signature, typed or printed name of registered agent OFFICERS AND	<del></del>	13.	yent a	signature redr neg	ADDITIONS/CHANGES TO OFFICER		D DIR	ECTO	S IN 12		
TITLE	DP DELETE			E				□ Ch		Addition		
NAME	WARREN, MICHAEL E.			E								
STREET ADORE IS	502 NW 16TH AVENUE			_	ODRESS							
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP								
TITLE	VD DELETE			2.1 TITLE				Ci	ange	Addition		
NAME	WARREN, PHYLLIS P.	AVILIS P		2.2 NAME								
STREET ADDRESS	502 NW 16TH AVE.			2.3 STREET ADDRESS								
				r-st-								
CITY-ST-ZIP	S	DELETE	3.1 TITLE					☐ Ch	ange	Addition		
NAME	ROMANS, RICHARD	_	3.2 NAM	2 NAME								
STREET ADDRESS				_	ADDRESS							
				Y-ST-								
CITY-ST-ZIP TITLE	GAINESVILLE LE 32000	☐ DELETE	4.1 TITLE		-211			□ cł	ange	Addition		
NAME		_	4, 2 NAM									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP	·		4.4 CITY									
TITLE		□ DELETE	5.1 TITLE						nange	Addition		
NAME			5.2 NAM	E								
STREET ADDRESS			5.3 STRE	EET A	ADDRESS							
CITY-ST-ZIP			5.4 CITY	-ST-	ZIP							
TITLE		☐ DELETE	6.1 TITLE	E				☐ CI	nange	☐ Addition		
NAME			6.2 NAM	E								
STREET ADDRESS			6.3 STRI	EETA	ADDRESS					1		
CITY-ST-ZIP			64 CITY	-ST-	ZIP							
14. I hereby o	certify that the informat on supplied with	this filling does not qualify	for the exem	ptipi	n stated ir S	ection 119.07 3)(i), Florida Statutes. I furth	er cər	tify tha	t the in	formation		

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 impowered 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 affact ment with an address, with a lother like empowered.

SIGNATURE:

MICHAEL E. WARREN C