

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 04 1996 8:00 am  
Secretary of State

**DOCUMENT # V00755 (1)**  
1. Corporation Name  
**TRI INVESTMENTS, INC.**



Principal Place of Business: P.O. BOX 8348, AMELIA VILLAGE, BOWMAN RD., AMELIA ISLAND FL 32035-8348, US  
Mailing Address: P.O. BOX 8348, AMELIA VILLAGE, BOWMAN RD., AMELIA ISLAND FL 32035-8348, US

2. Principal Place of Business: 21 Same  
2a. Mailing Address: 26 Same  
22 Suite, Apt. #, etc.  
27 Suite, Apt. #, etc.  
23 City & State  
28 City & State  
24 Zip Country  
25 Zip Country  
29 Zip Country  
30 Zip Country

3. Date Incorporated or Qualified: 12/17/1991  
3a. Date of Last Report: 06/20/1995  
4. FEI Number: 58-1724930  
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

9. Name and Address of Current Registered Agent  
**KELLY, JAMES E  
BOWMAN RD, AMELIA VILLAGE  
AMELIA ISLAND FL 32035**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ANGELA H	
STREET ADDRESS	1877 SEA DUNES	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TEMPLE, GERALD	
STREET ADDRESS	110 COVE LANE	
CITY-ST-ZIP	SOCIAL CIRCLE GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLY, JAMES E.	
STREET ADDRESS	1858 TEMPLE JOHNSON RD.	
CITY-ST-ZIP	LOGANVILLE GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRIM, GLOICE Y.	
STREET ADDRESS	45 FLORENCE PT DR	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *James E Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 Date  
(904) 261-2337 Official Phone #

CR2E034 (12/95)