

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

**FILED**  
**Mar 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

DOCUMENT # **V48296**

**(0)**

1. Corporation Name  
**TRI TECH COMPUTERS, INC.**



Principal Place of Business

**1233 LANE AVE SO  
 STE 19  
 JACKSONVILLE FL 32205  
 US**

Mailing Address

**1233 LANE AVE SO  
 STE 19  
 JACKSONVILLE FL 32205-6254  
 US**

2. Principal Place of Business

21 | **1203 LANE AVE SOUTH**  
 Subc., Apt. #, etc.

22 | City & State

23 | **JACKSONVILLE, FL**

24 | Zip: **32205-6254** | Country: **US**

2a. Mailing Address

26 | **1203 LANE AVE. SOUTH**  
 Subc., Apt. #, etc.

27 | City & State

28 | **JACKSONVILLE, FL**

29 | Zip: **32205-6254** | Country: **US**

3. Date Incorporated or Qualified

**06/29/1992**

3a. Date of Last Report

**04/16/1996**

4. FEI Number

**59-3159035**

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

9. Name and Address of Current Registered Agent

**LAW, JEAN C  
 3986 EVERETT AVENUE  
 1  
 MIDDLEBURG FL 32086**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.050(2) and 607.1506, 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 and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when remaining)

DATE

**1/19/97**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD HANSON, TERRY L.</b>
STREET ADDRESS	<b>5939 PUEBLO CT</b>
CITY-STATE	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>VP HANSON, CARY L.</b>
1.3 STREET ADDRESS	<b>4642 HERCOLES AVE.</b>
1.4 CITY-STATE	<b>JACKSONVILLE, FL 32205</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE	

14. I do hereby 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 contained 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 a director, officer 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: *[Signature]* **TERRY L. HANSON**

3-21-97

904 786-7840

CR2E034 (9/96)