FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 23 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **237621** **(8)**

1. Corporation Name
TRINGAS THEATERS INC

Principal Place of Business	Mailing Address
29 N. EGLIN PARKWAY P. O. BOX 970 FT WALTON BEACH FL 32549 US	29 N. EGLIN PARKWAY P. O. BOX 970 FT WALTON BEACH FL 32549 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/16/1960	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0901280	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$0.75 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRINGAS, JOHN J. 551 POCAHONTAS DR. FORT WALTON BEACH FL 32548	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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and date signed — (if NEW Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	GARRIGAN, LARK TRINGAS	1.2 NAME	
STREET ADDRESS	551 POCAHONTAS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEAC FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	TRINGAS, ALEX J.	2.2 NAME	
STREET ADDRESS	253 YACHT CLUB DRIVE NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEAC FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	TRINGAS, JOHN J	3.2 NAME	
STREET ADDRESS	551 POCAHONTAS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	TRINGAS, PATRICIA B	4.2 NAME	
STREET ADDRESS	551 POCAHONTAS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 addition.

SIGNATURE: _____ PATRICIA B. TRINGAS 1/18/95 904/863-9034
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0470600 FP