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Apr 17 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 # 251424 (8)

1. Corporation Name
TRESKA INDUSTRIES, INC.

Principal Place of Business Mailing Address
4827 PHILLIPS HIGHWAY, P.O. BOX 10609 4827 PHILLIPS HIGHWAY, P.O. BOX 10609
JACKSONVILLE FL 32247-7609 JACKSONVILLE FL 32247-0609

3. Date Incorporated or Qualified 09/21/1961 3a. Date of Last Report 06/20/1996
4. FEI Number 59-0977609 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 4827 Philips Highway 27 PO Box 10609
23 Jacksonville FL 28 Jacksonville FL
24 32207 25 Country 29 32247-0609 30 Country

9. Name and Address of Current Registered Agent

TRESKA, FULLER D JR.
8005 JAMES ISLAND TRAIL
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 4827 Philips Highway
84 City Jacksonville FL 85 Zip Code 32207

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

Signature: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TRESKA, FULLER D JR.	
STREET ADDRESS	8005 JAMES ISLAND TRAIL	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TRESKA, JUDITH T	
STREET ADDRESS	8005 JAMES ISLAND TRAIL	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	TRESKA, TIMOTHY F	
STREET ADDRESS	%4827 PHILLIPS HIGHWAY	
CITY- ST- ZIP	JACKSONVILLE FL 32247-7609	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	TRESKA, WILLIAM T	
STREET ADDRESS	%4827 PHILLIPS HIGHWAY	
CITY- ST- ZIP	JACKSONVILLE FL 32247-7609	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	40 4827 Philips Highway
1.4 CITY- ST- ZIP	Jacksonville FL 32207
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	40 4827 Philips Highway
2.4 CITY- ST- ZIP	Jacksonville FL 32207
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Jacksonville FL 32207
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Jacksonville FL 32207
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 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 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97

Date

904 448 8070

Daytime Phone

0038734

CR2E034 (9/96)