

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

**APPROVED
AND
FILED**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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50 MAY -1 AM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J39029 (0)
1. Corporation Name
TRETTER ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 213 ALBRIGHTON CT. LONGWOOD FL 32779 US	Mailing Address: 213 ALBRIGHTON CT. LONGWOOD FL 32779 US
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2. Principal Place of Business 21	2a. Mailing Address 26
State, April month 22	State, April month 27
City & State 23	City & State 28
24	25 29 30

3. Date incorporated or qualified 10/22/1986	3a. Date of last report 05/01/1994
4. FEI Number 59-2735636	Applied For Not Applicable
5. Certificate of Status Entered ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has not elected to incorporate under the Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent TRETTER, RAYMOND 213 ALBRIGHTON CT. LONGWOOD FL 32779		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Applicable)	
		83	
		84 City	85 Zip Code FL

11. I, the undersigned, the president of the corporation named and titled in the Florida Statutes, the officer named corporation reports, this statement for the purpose of filing the report as required by the Florida Statutes. I am a resident of the State of Florida. This statement was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

NOTARY PUBLIC

12. CHANGED AND ADDED FEES	13. ADDITIONS, CHANGES, DELETIONS AND FEES
NAME PD TRETTER, RAYMOND 213 ALBRIGHTON CT. LONGWOOD FL	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP 4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP 7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP 10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP 13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP 16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP 19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the Florida Statutes. I further certify that the information submitted 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 in person. I will comply with the provisions of the Florida Statutes and that my name appears on Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Raymond Tretter* RAYMOND TRETTER, PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR