

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K41307**

(5)

1. Corporation Name

TRINGAS ENTERPRISES INC.



Principal Place of Business

**29 N EGLIN PARKWAY
P O DRAWER 1327
FORT WALTON BEACH FL 32549**

Mailing Address

**29 N EGLIN PARKWAY
P O DRAWER 1327
FORT WALTON BEACH FL 32549**

3. Date Incorporated or Qualified 10/12/1988	3a. Date of Last Report 01/27/1995
4. FEI Number 59-2921182	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. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TRINGAS, JOHN J.
29 N EGLIN PARKWAY
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1502, 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 of Registered Agent (Required for Change of Agent)

Signature of Registered Agent (Required for Change of Agent)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME D. TRINGAS, JOHN J.	1. NAME ☐ Change ☐ Addition
2. STREET ADDRESS 29 N EGLIN PKWY	2. STREET ADDRESS ☐ Change ☐ Addition
3. CITY, ST, ZIP FORT WALTON BEACH FL	3. CITY, ST, ZIP ☐ Change ☐ Addition
4. NAME ☐ DELETE	4. NAME ☐ Change ☐ Addition
5. STREET ADDRESS ☐ DELETE	5. STREET ADDRESS ☐ Change ☐ Addition
6. CITY, ST, ZIP ☐ DELETE	6. CITY, ST, ZIP ☐ Change ☐ Addition
7. NAME ☐ DELETE	7. NAME ☐ Change ☐ Addition
8. STREET ADDRESS ☐ DELETE	8. STREET ADDRESS ☐ Change ☐ Addition
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99. CITY, ST, ZIP ☐ DELETE	99. CITY, ST, ZIP ☐ Change ☐ Addition
100. NAME ☐ DELETE	100. NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form 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:

JOHN J. TRINGAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96
DATE

904-243-7111
DAYTIME PHONE

CR2E034 (12/95)