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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K41307

(5)

TRINGAS ENTERPRISES INC.

Principal Place of Business Mailing Address 29 N EGLIN PARKWAY 29 N EGLIN PARKWAY P O DRAWER 1327 P O DRAWER 1327 FORT WALTON BEACH FL 32549 FORT WALTON BEACH FL 32549-1327 3. Date Incorporated or Qualified 3a. Date of Last Report 10/12/1988 02/20/1996 2. Principal Place of Business 2a. Mailing Address FEI Number 59-2921182 21 26 Suite: Apt. #. etc. Suite, Apt. #, etc.

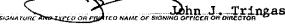
\$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TRINGAS, JOHN J. 29 N EGLIN PARKWAY Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 83 City R4 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 for 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATUHE Signature injured or printed mainle of in green it dispers and title Tappin, its r (NC)TE_flogs-tered Agent's greature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition THTLE 1.1 TITLE TRINGAS, JOHN J. NAME 1.2 NAME 29 N EGLIN PKWY 1.3 STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 1.4 CITY - ST-ZIP 0/17 - ST - 2/P DELETE ☐ Change Addition TITLE 21 TITLE 2.2 NAME NAVE STREET ADDRESS 23 STREET ADDRESS CITY - \$1 - 215 2 4 CITY-ST-ZIP DELETE Addition Change THUE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST 3.4. CITY - \$1 - ZIP Change DELETE ___ Addition 4.1 TITLE THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHTY-ST-7IP CITY-ST-ZIF DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS CHY-ST-ZIP 5.4 CITY - ST- ZIP OFLE TE 61 TITLE Change Addition THE NAM-6.2 NAME 63 STREET ADDRESS STREET ADDRESS CITY - ST - 7(P 64 CITY-ST-7/P

14. I do hereby certify that the information supplied with this filling 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 is grue 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 recover 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:



1/9/97 904 243 7222

FILED

Jan 22 1997 8:00am

Secretary of State

(96/6)

Applied For

Not Applicable