

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L42096**

(2)

1. Corporation Name

THE TRINGALI COMPANY, INC.



Principal Place of Business

867 N.E. 5TH ST.
CRYSTAL RIVER FL 32623-0468
US

Mailing Address

P.O. BOX 468
CRYSTAL RIVER FL 32623-0468

2. Principal Place of Business

21 Site, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Site, Apt. #, etc.

27 City & State

29 Zip

30 Country

g. Name and Address of Current Registered Agent

TRINGALI, MICHAEL J.
867 N.E. FIFTH ST.
CRYSTAL RIVER FL 32629

3. Date Incorporated or Qualified
01/01/1990

3a. Date of Last Report
01/18/1995

4. Fee Number
59-2983702

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

10. Name and Address of New Registered Agent

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 607.0532 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. Thereby 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

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME
PDS
TRINGALI, MICHAEL J.
6085 W. FAIRHAVEN CT.
CRYSTAL RIVER FL

TITLE DELETE

NAME
TRINGALI, MICHAEL J.
6085 W. FAIRHAVEN CT.
CRYSTAL RIVER FL

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE Change Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE Change Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE Change Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE Change Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing voluntarily furnished and checked off only 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:

Michael J. Tringali
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL J. TRINGALI

3-27-96

352-715-2449

CR2E034 (12/95)