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FILED

Feb 25 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 # M80784 (5)

1. Corporation Name  
TRECO DEVELOPMENT CO.



Principal Place of Business

% BEVERLY JOHNSON  
10008 S. FEDERAL HIGHWAY SUITE 5  
PORT ST. LUCIE FL 34952  
US

Mailing Address

% BEVERLY JOHNSON  
10008 S. FEDERAL HIGHWAY SUITE 5  
PORT ST. LUCIE FL 34952-5623  
US

3. Date Incorporated or Qualified  
05/13/1988

3a. Date of Last Report  
03/07/1996

2. Principal Place of Business

21 10010 S. Federal Highway

Suite, Apt. #, etc.  
22 Suite 6

City & State  
23 Port St. Lucie FL

Zip Country  
24 34952 25 US

2a. Mailing Address

26 10010 S Federal Highway

Suite, Apt. #, etc.  
27 Suite 6

City & State  
28 Port St. Lucie FL

Zip Country  
29 34952 30 US

4. FEI Number  
65-0045146

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

9. Name and Address of Current Registered Agent

JOHNSON, BEVERLY  
10008 S. FEDERAL HWY SUITE 5  
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name Johnson, Beverly  
82 Street Address (P.O. Box Number is Not Acceptable)  
10010 S. Federal Hwy Suite 6  
83  
84 City Port St. Lucie FL 85 Zip Code 34952

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

Beverly Johnson

Beverly Johnson

Signature of person or persons of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BARRETT, ROBERT	
STREET ADDRESS	P.O. BOX 1376 N/A	
CITY - ST - ZIP	SCRANTON PA	
TITLE	D	DELETE
NAME	NEALON, KENNETH	
STREET ADDRESS	1015 SLEEPY HOLLOW RD.	
CITY - ST - ZIP	CLARK SUMMIT PA	
TITLE	D	DELETE
NAME	TELLIE, NICHOLAS D.	
STREET ADDRESS	1533 WYOMING AVE.	
CITY - ST - ZIP	SCRANTON PA	
TITLE	D	DELETE
NAME	KIRTLAND, DAVID	
STREET ADDRESS	900 BATTLE ST.	
CITY - ST - ZIP	SCRANTON PA	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97

Date

Daytime Phone #

CR2E034 (9/96)