

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

**APPROVED AND FILED**

**96 AUG 23 PM 12:01**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1996  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mosnam  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **995000023810**

1. Corporation Name  
**trreco**

Principal Place of Business Mailing Address  
**TRRECO  
 205 Tower Drive  
 Oldsmar, FL 34677**

2. Principal Place of Business 2a. Mailing Address  
**21 205 Tower Dr 26 205 Tower Drive**  
 Suite Apt #, etc Suite Apt #, etc  
**22 Oldsmar, FL 27 Oldsmar, FL**  
 City & State City & State  
**23 Oldsmar, FL 28 Oldsmar, FL**  
 Zip Country Zip Country  
**24 34677 25 USA 29 34677 30 USA**

3. Date Incorporated or Qualified 3a. Date of Last Report  
 4. FEI Number Applied For  
**59-3305937** 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  
**Thomas W. Ruggles, P.A.  
 603 Indian Rocks Rd  
 Belleair, FL 34616**

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 607.0502 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 *Antoinette D. Napolitano* DATE **8/21/96**

12. OFFICERS AND DIRECTORS

TITLE	Pres. V.P.	Sec.	Treas.	<input type="checkbox"/> DELETE
NAME	Antoinette D. Napolitano			
STREET ADDRESS	100 Hampton Rd., Lot 228			
CITY- ST- ZIP	Clearwater, FL 34619			
TITLE				<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS				
CITY- ST- ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**500001828815**  
**-09/04/96--01158--002**  
**\*\*\*225.00 \*\*\*225.00**

14. I do hereby certify that the information supplied with this filing 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 697, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Antoinette D. Napolitano** *Antoinette D. Napolitano* 8-9-96 813-854-5186

CR2E034 (12/95)