SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000030602 (3)

TRI-CON INDUSTRIES, INC.

Mailing Address Principal Place of Business 10302 NIGHTWIND CIRCLE 10302 NIGHTWIND CIRCLE CANTONMENT FL 32533 CANTONMENT FL 32533 3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1995 Applied For 2a. Mailing Address
26 13CY COLLET BOIDER 2. Principal Place of Business Not Applicable 6662 8 Pineforwat RD 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s 199 032 Zip2 Yes No Florida Statutes 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BENNETT, NANCY R Street Address (P.O. Box Number is Not Acceptable) 82 10302 NIGHTWIND CIRCLE **CANTONMENT FL 32533** 83 Zip Code 85 84 City 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 (NOTE_Registered Agent signature required when reinstating) Signature, typed or prered name of rag stened agent and ottent applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE Bennett, Thomas, 1804 Creek Bridge R Pensacola I-1 32514 Bennett NAMCY TITLE 1 2 NAME BENNETT, THOMAS F NAME 1.3 STREET ADDRESS 10302 NIGHTWIND CIRCLE STREET ADDRESS 1.4 CITY - ST - ZiP CANTONMENT FL 32533 CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TOTLE 13 04 creckonide AD 2 2 NAME BENNETT, NANCY R NAME 2.3 STREET ADORESS 10302 NIGHTWIND CIRCLE STREET ADDRESS K1 32514 DUNIACULO 2 4 CITY - ST - ZIP CANTONMENT FL 32533 CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 CITY-SI-ZIP CITY - ST - ZIF Addition Change ____ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 DILE TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemplion stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes and that my name appears in Block 12 or block 13 if changed, or on an attachment with an address

5 2 NAME

6.1 Table

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY - ST - 7IP

SIGNATURE:

NAME

THLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Thomas Benutt 8-3-96 704-941/ 3250

Change Addition