

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

DOCUMENT # P95000053911 (0)

1. Corporation Name

TRIO HOLDINGS, INC.



Principal Place of Business

Mailing Address

~~2027 BARKWOOD PASS
CLEARWATER FL 34623~~

2327 BARKWOOD PASS
CLEARWATER FL 34622

2. Principal Place of Business

2a. Mailing Address

21 3316 S. WESTSHORE BLVD

26 3316 S. WESTSHORE BLVD

3. Date Incorporated or Qualified
07/13/1995

3a. Date of Last Report

4. FEI Number

59-3323440

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 ☒

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 TAMPA, FL.

28 TAMPA, FL

Zip

Country

24 33629

25 USA

Zip

Country

29 33629

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TINGRIDES, STAVROS
800 N BELCHER ROAD
SUITE 4
CLEARWATER FL 34625

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ANTONIOU, MAMAS
STREET ADDRESS 2327 BARKWOOD PASS
CITY-ST-ZIP CLEARWATER FL 34623

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ANTONIOU, PANTELIS
STREET ADDRESS 2221 TULIP TREE LANE
CITY-ST-ZIP CLEARWATER FL 34623

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME DRUZAS, FRANK
STREET ADDRESS 3415 HILLSBOROUGH AVE UNIT 211
CITY-ST-ZIP TAMPA FL 33614

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Mamas Antoniou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/96

(813) 837-6362

CR2E034 (3/96)