

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 607925 (5)

1. Corporation Name

TROOP - BALAS & CO., INC.



Principal Place of Business

217 TARPON INDUSTRIAL CIR  
TARPON SPRINGS FL 34689

Mailing Address

217 TARPON INDUSTRIAL CIR  
TARPON SPRINGS FL 34689

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HEINLY, PHYLLIS I  
39248 US HWY 19 N  
LOT 288  
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified

01/25/1979

3a. Date of Last Report

07/07/1995

4. FEI Number

59-1896942

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 607.0502 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 of person appointing or changing agent and title (if applicable)

Signature of Registered Agent (Signature not required for attorney)

Date

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CPT  
HEINLY, PHYLLIS I  
39248 US HWY 19 N #288  
TARPON SPRINGS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
HEINLY, PHYLLIS I  
39248 US HWY 19 N #288  
TARPON SPRINGS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VM  
HEINLY, WILLIAM L  
39248 US HWY 19 N #288  
TARPON SPRINGS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13.

11.1 TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP  
21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP  
31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP  
41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP  
51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP  
61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96

813 937-1941

CR2E034 (12/95)