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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



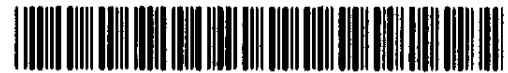
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 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 34689-6918



3. Date Incorporated or Qualified 01/25/1979
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1896942		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

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

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, type 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	CPT	11 TITLE	☐ Change ☐ Addition
NAME	HEINLY, PHYLLIS I	12 NAME	
STREET ADDRESS	39248 US HWY 19 N #288	13 STREET ADDRESS	
CITY- ST- ZIP	TARPON SPRINGS FL	14 CITY- ST- ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	HEINLY, PHYLLIS I	22 NAME	
STREET ADDRESS	39248 US HWY 19 N #288	23 STREET ADDRESS	
CITY- ST- ZIP	TARPON SPRINGS FL	24 CITY- ST- ZIP	
TITLE	WM	31 TITLE	☐ Change ☐ Addition
NAME	HEINLY, WILLIAM L	32 NAME	
STREET ADDRESS	39248 US HWY 19 N #288	33 STREET ADDRESS	
CITY- ST- ZIP	TARPON SPRINGS FL	34 CITY- ST- ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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:

PHYLLIS I HEINLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-97

CR2E034 (9/96)