

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F73059** (0)

1. Corporation Name

TRI-COUNTY BLUEPRINT & SUPPLY CO., INC.



Principal Place of Business

**1850 BOY SCOUT DR 110
FT. MYERS FL 33907**

Mailing Address

**1850 BOY SCOUT DR 110
FT. MYERS FL 33907**

3. Date Incorporated or Qualified
03/23/1982

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2167937

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOHL, KLAUS
1850 BOY SCOUT DT 110
FT. MYERS FL 33907**

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 ☐ DELETE

NAME
**VD
KOHL, ERICH**
STREET ADDRESS
4790 CLEVELAND AVE. APT. 305C
CITY-ST-ZIP
FT MYERS FL

1 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**ST
HUFF, DOLORES**
STREET ADDRESS
2107 HIBISCUS RD SE
CITY-ST-ZIP
FT MYERS, FL 33907

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

23 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

24 CITY-ST-ZIP ☐ Change ☐ Addition

3 1 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

4 1 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

5 1 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

6 1 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ 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 a change is made on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KLAUS KOHL 3-6-96 939-2698

CR2E034 (12/95)