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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:27

DOCUMENT # P93000066838 (2)

1. Corporation Name
T.P.C.N.A., INC.

Principal Place of Business	Mailing Address
186 N. INDUSTRIAL PARK DR. LAKE HELEN FL 32744 US	P.O. BOX 3488 LONGWOOD FL 32779-0488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-3203301 ☐ 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

2. Principal Place of Business
21: 577 DELTONA BLVD
22 Suite, Apt. #, etc.: SECOND FLOOR
23 City & State: DELTONA FL
24 Zip: 32725 25 Country:

2a. Mailing Address
26: P O DRAWER 6269
27 Suite, Apt. #, etc.:
28 City & State: DELTONA FL
29 Zip: 32728 30 Country:

9. Name and Address of Current Registered Agent

BALISE, PETER S
186 N. INDUSTRIAL PARK DR.
LAKE HELEN FL 32744

10. Name and Address of New Registered Agent

81 Name: BALISE, PETER S.
82 Street Address (P.O. Box Number is Not Acceptable): 577 DELTONA BLVD
83: SECOND FLOOR
84 City: DELTONA FL 85 Zip Code: 32725

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] 2-3-95
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	PVT	1.1 TITLE	PRESIDENT AND TREASURER ☒ Change ☐ Addition
NAME	BALISE, PETR S.	1.2 NAME	BALISE, PETER S.
STREET ADDRESS	186 N. INDUSTRIAL PARK DR.	1.3 STREET ADDRESS	577 DELTONA BLVD., SECOND FLOOR
CITY-ST-ZIP	LAKE HELEN FL	1.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE		2.1 TITLE	VICE PRESIDENT AND SECRETARY ☐ Change ☒ Addition
NAME		2.2 NAME	D. SCOTT PINKON
STREET ADDRESS		2.3 STREET ADDRESS	577 DELTONA BLVD, SECOND FLOOR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 added by an attachment with an address.

SIGNATURE: [signature] President PETER S. BALISE 2/3/95 407-834-1682
SIGNATURE, TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

041A031 FP