

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 360469 (1)
1. Corporation Name
T S A INC



Principal Place of Business
1710 OLD OKEECHOBEE RD
PO BOX 3103
W PALM BCH FL 33402

Mailing Address
1710 OLD OKEECHOBEE RD
PO BOX 3103
W PALM BCH FL 33402

3. Date Incorporated or Qualified 03/02/1970 3a. Date of Last Report 02/21/1995

2. Principal Place of Business
21 1516 Seabrook Rd
Suite, Apt. #, etc.
22
City & State
23 Jupiter FL
Zip
24 33469
County
25 P.B.
2. Principal Place of Business
26 P.O. 3663
Suite, Apt. #, etc.
27
City & State
28 TEQUESTA, FL
Zip
29 33469
County
30 P.B.

4. FET Number 59-1291565 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

TSCHIRGI, JOHN B
1710 OLD OKEECHOBEE RD
WEST PALM BCH FL

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

(Date) Registered Agent signature required when completing

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE VP
NAME TSCHIRGI, CHRIS J
STREET ADDRESS 19311 RIVERSIDE DR
CITY-ST-ZIP TEQUESTA FL

TITLE ST
NAME ALLPORT, ROBIN
STREET ADDRESS 713 SAPP ST
CITY-ST-ZIP JUPITER FL

TITLE P
NAME TSCHIRGI, JOHN B
STREET ADDRESS 1710 OLD OKEECHOBEE RD
CITY-ST-ZIP W PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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

4/28/96 (407) 746-5889
Date Daytime Phone

CR2E034 (12/95)