

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 1:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 420224 (8)

1. Corporation Name

TRUPAR AMERICA, INC.

Principal Place of Business

**1147 COCHRAN MILL ROAD
PITTSBURGH PA 15236**

Mailing Address

**1147 COCHRAN MILL ROAD
PITTSBURGH PA 15236**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1453000

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

21 160 WILSON ROAD

2a. Mailing Address

26 160 WILSON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 BENTLEYVILLE, PA 15314

28 BENTLEYVILLE, PA 15314

Zip

Country

Zip

Country

24 15314

25 USA

29 15314

30 USA

9. Name and Address of Current Registered Agent

**HART, TIMOTHY
3811 SW 47TH AVENUE, SUITE 609
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

2460 N.W. 17TH LANE

83

84 City

POMPANO BEACH

FL

85 Zip Code

33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCDONNELL, THOMAS
STREET ADDRESS	209 PLEASANT VIEW CT
CITY - ST - ZIP	JEFFERSON BORO PA
TITLE	STM
NAME	MCDONNELL, DEBRA
STREET ADDRESS	209 PLEASANT VIEW CT
CITY - ST - ZIP	JEFFERSON BORO PA
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 the 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:

Debra J. McDonnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA J. MCDONNELL, V.P. 4-25-95 412-239-2220

Date

(Signature Here)