

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 19 AM 11:31

DOCUMENT # H46632 (6)

1. Corporation Name
TRECOR, INC.

Principal Place of Business

**2033 MAIN ST
SUITE 600
SARASOTA FL 34237
US**

Mailing Address

**2033 MAIN STREET
SUITE 600
SARASOTA FL 34237
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/12/1985

3a. Date of Last Report
04/15/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-2532861

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

County

Zip

County

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYERS JR., TROY H
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
PAULSEN, DONALD B
3691 S. ACCESS RD.
ENGLEWOOD FL
P
PAULSEN, DOUGLAS B
3691 S. ACCESS RD.
ENGLEWOOD FL
D
MYERS JR., TROY H
2033 MAIN STREET, SUITE 600
SARASOTA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**D
Paulsen, Donald B.
3691 S. Access Road
Englewood, FL 34224**
☐ Change ☒ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**D
Paulsen, Douglas B.
3691 S. Access Road
Englewood, FL 34224**
☐ Change ☒ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this annual report or supplemental report is true and correct to the best of my knowledge and belief. I am an officer or director of the corporation or the receiver or trustee of the corporation and I execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an asterisk.

SIGNATURE:

D. Paulsen

Troy

Paulsen

5/25/95

(813) 475-3410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number