

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # H54369

(4)

95 MAY -1 AM 11:40

1. Corporation Name

TRYDAN CORPORATION

(PLEASE WRITE IN THIS SPACE)

3. Date of Registration (Required)	3a. Date of Last Report
04/30/1985	06/20/1994
4. Filing Number	Applied For
65-0033543	Not Applicable
5. Certificate of Status (Required)	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. Does corporation have liability for intangible tax under 19-193 (10)?	Excluded Debts: ☐ Yes ☐ No

President (Name & Address)		Managing Director	
1368 N. KILLIAN DR LAKE PARK FL 33403 US		P.O. BOX 14804 NORTH PALM BEACH FL 33408-0804 US	
2. Director (Name & Address)	2a. Managing Director	2b. Director (Name & Address)	2c. Director (Name & Address)
21. _____	26. _____	27. _____	28. _____
22. _____	27. _____	28. _____	29. _____
23. _____	28. _____	29. _____	30. _____
24. _____	29. _____	30. _____	31. _____

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRBY, KENNETH B.
8631 URANUS TERRACE
LAKE PARK FL 33403**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. _____	
84. City	FL

11. I, the undersigned, do hereby certify that the information supplied with this filing is true and correct, and I am not guilty for the provisions stated in Sections 19-193 (10) Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report is true and correct, 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 manager or trustee of a corporation, and that I am not guilty for the provisions stated in Sections 19-193 (10) Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing.

SIGNATURE

12. OFFICER, DIRECTOR, OR MANAGER	13. ADDITIONAL CHANGE TO OFFICER, DIRECTOR, OR MANAGER
NAME: VD	Change ☐ Addition ☐
STREET ADDRESS: KIRBY, KATHRYN P. 8631 URANUS TERRACE LAKE PARK FL	
CITY: DP	Change ☐ Addition ☐
NAME: KIRBY, KENNETH B.	
STREET ADDRESS: 8631 URANUS TERRACE LAKE PARK FL	
CITY: _____	Change ☐ Addition ☐
NAME: _____	
STREET ADDRESS: _____	
CITY: _____	Change ☐ Addition ☐
NAME: _____	
STREET ADDRESS: _____	
CITY: _____	Change ☐ Addition ☐
NAME: _____	
STREET ADDRESS: _____	
CITY: _____	Change ☐ Addition ☐
NAME: _____	
STREET ADDRESS: _____	
CITY: _____	Change ☐ Addition ☐

14. I, the undersigned, do hereby certify that the information supplied with this filing is true and correct, and I am not guilty for the provisions stated in Sections 19-193 (10) Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report is true and correct, 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 manager or trustee of a corporation, and that I am not guilty for the provisions stated in Sections 19-193 (10) Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing.

SIGNATURE:

Kirby, Kathryn P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 April 1995 407-888-2345