

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K80038 (8)**

1. Corporation Name  
**TRI-COUNTY POWER SYSTEMS, INC.**



Principal Place of Business: **3520 66TH AVE N  
PINELLAS PARK, FL 34665  
US**

Mailing Address: **3520 66TH AVE N  
PINELLAS PARK, FL 34665  
US**

3. Date Incorporated or Qualified: **04/13/1989**

3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

4. FEI Number: **59-2941899**

Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

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

City & State: **23**

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

Zip: **24** Country: **25**

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

9. Name and Address of Current Registered Agent

**FAHRENBRUCK, JOSEPH RAYMOND, JR.  
350 BOCA CIEGA DR.  
MADIERA BEACH FL 33542**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FAHRENBRUCK, JOSEPH R.</b>	
STREET ADDRESS	<b>350 BOCA CIEGA DRIVE</b>	
CITY - ST - ZIP	<b>MADIERA BCH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FAHRENBRUCK, JOSEPH R.</b>	
STREET ADDRESS	<b>350 BOCA CIEGA DRIVE</b>	
CITY - ST - ZIP	<b>MADIERA BCH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, BOB A.</b>	
STREET ADDRESS	<b>13584 TWIGG TERRACE</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, CHARLIE</b>	
STREET ADDRESS	<b>4114 NORTH B ST., W., UNIT G</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **CHARLIE HUGHES** (813) 526-5991

4/1/96  
VICE PRESIDENT - FINANCE & ADMINISTRATION

CR2E034 (12/95)