

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Shirley B. Mortimer

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K84974

1. Corporation Name

TROPICAL SCREEN SERVICE, INC.

(0)



Principal Place of Business

5607 3RD AVE
KEY WEST FL 33040
US

Mailing Address

5607 3RD AVE
KEY WEST FL 33040
US

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

g. Name and Address of Current Registered Agent

CARTONIA, FRANK
1720 VON PHISTER STR
KEY WEST FL 33040

3. Date Incorporated or Qualified

05/03/1989

3a. Date of Last Report

02/22/1995

4. FEI Number

65-0129169

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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 607.09(2) and 607.15(8), 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. Thereby, I, the undersigned, as registered agent, I am familiar with, and accept the obligations of Section 607.09(8), Florida Statutes.

SIGNATURE

Signature of person authorized to change the corporation's registered office, or registered agent, or both.

Signature of person authorized to change the corporation's registered office, or registered agent, or both.

Date

12. OFFICERS AND DIRECTORS

TITLE

VTD
CARTONIA, FRANK R.
1715 UNITED ST.
KEY WEST FL
PD

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

CARTONIA, FRANK
1720 VON PHISTER ST.
KEY WEST FL
VSD

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

CARTONIA, SANDRA L.
1720 VON PHISTER ST.
KEY WEST FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. 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 119.03(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 person or persons 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 a newly added block.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 1996

305-294-6031

CR2E034 (12/95)