

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K93787** (5)

1. Corporation Name

TECHNICAL RESEARCH AND CONSULTING SERVICES, INC.



Principal Place of Business

% TIMOTHY L. REA
310 HEATHERPOINT DRIVE
LAKELAND FL 33809-3903

Mailing Address

% TIMOTHY L. REA
310 HEATHERPOINT DRIVE
LAKELAND FL 33809-3903

3. Date Incorporated or Qualified
05/08/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **18915 APIAN WAY**

Suite, Apt. #, etc.

2a. Mailing Address

26 **18915 APIAN WAY**

Suite, Apt. #, etc.

22 City & State

23 **LOTZ FL**

24 Zip **33549**

Country

27 City & State

28 **LOTZ FL**

29 Zip **33549**

Country

4. FEI Number
59-2958105

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REA, TIMOTHY L.
310 HEATHERPOINT DR.
LAKELAND FL 33809-3903

81 Name

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

18915 APIAN WAY

83

84 City

LOTZ

FL

85 Zip Code

33549

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

Timothy L. Rea

Timothy REA

President

4/30/95

(Signature, typed or printed name of registered agent, and town if applicable)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPV
REA, TIMOTHY L.
310 HEATHERPOINT DRIVE
LAKELAND FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**18915 APIAN WAY
LOTZ FL 33549**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
REA, TIMOTHY L.
310 HEATHERPOINT DRIVE
LAKELAND FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**18915 APIAN WAY
LOTZ FL 33549**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Timothy L. Rea Timothy REA President

4/30/95

813-948-1722

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (12/95)