

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M42881 (6)

1. Corporation Name

TORCISE BROS., INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 8: 53

Principal Place of Business

Mailing Address

**C/O FLORIDA REGISTERED AGENTS, INC.
P.O. BOX 3004
FLORIDA CITY FL 33034**

**C/O FLORIDA REGISTERED AGENTS, INC.
P.O. BOX 3004
FLORIDA CITY FL 33034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1986

3a. Date of Last Report

03/28/1994

4. FEI Number

59-2744614

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORCISE BROS., INC.
C/O STEVE TORCISE, SR.
15900 SW 408 ST
FLORIDA CITY 33034**

81 Name

STEVE TORCISE, SR.

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

15900 S.W. 408 STREET

83

HOMESTEAD, FLORIDA 33035

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Steve Torcise Sr.

Registered Agent (signature required when registering)

3/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD

NAME

TORCISE, STEVE

STREET ADDRESS

15900 S.W. 408TH ST.

CITY - ST - ZIP

FLORIDA CITY FL

TITLE

PD

NAME

TORCISE, SAM

STREET ADDRESS

15900 S.W. 408TH ST.

CITY - ST - ZIP

FLORIDA CITY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. 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)(b), 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

Steve Torcise, Sr. Mar 10, 1995 247-3011

Date

Telephone Number