

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

**APPROVED
AND
FILED**

95 APR 24 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M65438

(7)

1. Corporation Name

TRANS-FLORIDA COMMUNICATIONS AND ELECTRONICS, INC.

Principal Place of Business

700 S JOHN RODES BLVD
SUITE C 2
W. MELBOURNE FL 32904

Mailing Address

700 S JOHN RODES BLVD
SUITE C 2
W. MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2899156

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

21 2104 W. New Haven Ave.

2a. Mailing Address

26 2104 W. New Haven Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 W. Melbourne, FL

27 City & State

28 W. Melbourne, FL

24 Zip

32904

25 Country

USA

29 Zip

32904

30 Country

USA

9. Name and Address of Current Registered Agent

LIBASCI, FRANK N.

700 S. JOHN RODES BLVD #C-2

W. MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name

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

2104 W. NEW HAVEN AVE.

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME LIBASCI, FRANK N.
STREET ADDRESS 700 S JOHN RODES BL #C-2
CITY - ST - ZIP W. MELBOURNE FL

TITLE VD
NAME LIBASCI, KATHLEEN K.
STREET ADDRESS 700 S JOHN RODES BL #C-2
CITY - ST - ZIP W. MELBOURNE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2104 W. NEW HAVEN AVE.
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2104 W. NEW HAVEN AVE.
2.4 CITY - ST - ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 110.07(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 addenda.

SIGNATURE:

Frank N. Libasci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK N. LIBASCI

4/18/95

Date

(407) 251-1332

Telephone Number