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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

M97168

(2)

T & D INSTALLATION, INC.									
Principal Place of Business Mailing Address **ANTHONY MARCHESE									
14548 HARMON DRIVE 14548 HARMON DRIVE			VE					<u>-</u>	
SPRING HILL F	FL 34610	SPRING HILL FL 34610			3. Date Incorporated or Qualified 09/02/1988	3a. Date of Last Report 04/19/1995			
2. Principal Plac	ce of Business	2a. Mailing Address				4, FEI Number		├├	pplied For lot Applicable
[]		26				\$8.75 Additional			
Suite, Apt. #,	, etc.	├	Suite, Apt. #, etc.			5. Certificate of Status Desired			lequired
27						6. Election Campaign Financing	\$5.00 May Be		
Only & State		28	⊢ ¬ '			Trust Fund Contribution	Contribution - Added to 1 ees		
Zip ·	Country	Zip				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	25	29	30	Т		10. Name and Address of New F		d Agent	
	9. Name and Address of Curre	ent Registered Agent		81	Name	, , , , , , , , , , , , , , , , , , , ,	- 		
	A A A A A A A A A A A A A A A A A A A					ress (P.O. Box Number is Not Acceptat	le)	<u></u>	
	ISE, ANTHONY			82	Street Addr	ress (F.O. Dox Number is Not Acceptat			
	WART DRIVE ARMON DR			83					
14548 HARMON DR BROOKSVILLE FL 34610				84	City			85 Zip	Code
						ration submits this statement for the purify of directors. I hereby accept the app	F	hanaina ita s	agistared offic
PIONATURE	and accept the obligations of, Se Signature, typed or printed name of registered ag	ent and title if applicable.			nt signature require	ed when reinstating: ADDITIONS/CHANGES TO OF	DATE		DRS IN 12
2.		ND DIRECTORS		TITLE	————	Apprile to a second to a		☐ Change	Addition
IIILE	DP MARCHESE, ANTHONY			NAME					
NAME	14548 HARMON DR				1 ADDRESS				
STREET ADDRESS	BROOKSVILLE FL		1		\$1 - ZIP			5 3.65	T 1440
CITY-ST-ZIP	DITOTIONING IS	DELETE	2 1	TITLE				Change	Addition
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	- 1	TITLE	1			a-	
NAME			1	NAME	1				
STREET ADDRESS			1		ET ADDRESS ST-21P				
CITY- ST-ZIP		T DELETE		TITLE				Change	Addition
TITLE				NAME					
NAMI					ET ADDRESS				
STREET ADDRESS					- ST - ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.	1 ToTu	E			☐ Change	Addition
NAME			5 2	NAMI	E				
STREET ADDRESS			5.0	STRE	ET ADDRESS				
CITY-ST-ZIP					- ST - ZIP			☐ Change	Additio
TITLE		☐ DELETE		1 TITL					
NAME			1	2 NAM					
STREET ADDRESS					ET ADDRESS				
DITY-ST-ZIP	l		6.	4 CITY	-ST-ZIP	for the exemption stated in Section 1	19.07/3Vk	Florida Stat	utes. I further

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 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 certify 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: