

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037876 (8)

1. Corporation Name:

TROPIC PAINT & CONTRACTOR SUPPLY, INC.

Principal Place of Business:

175 CLEARY RD.
#A-5
WEST PALM BEACH FL 33413

Mailing Address:

P.O. BOX 15803
WEST PALM BEACH FL 33416-5803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0410043

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. 198.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business:

21. Suite, Apt. #, etc.

22. City & State

23. Zip

2b. Mailing Address:

26. Suite, Apt. #, etc.

27. City & State

28. Zip

9. Name and Address of Current Registered Agent

LANCIANESE, JOHN L JR.
1200-A SHIBUMY CIRCLE
WEST PALM BEACH FL 33415

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 607.0503 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 of Agent (If Agent is not a corporation, the name of the individual agent must be printed.)

Signature of Registered Agent (If Agent is a corporation, the name of the corporation must be printed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANCIANESE JR., JOHN L.
STREET ADDRESS	1200-A SHIBUMY CIRCLE
CITY, ST, ZIP	WEST PALM BEACH 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. 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	

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 the 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 other report with an address.

SIGNATURE:

John L. Lancianese, Jr.
John L. Lancianese, Jr. Director

4/24/95

305-418-8712
Telephone Number