

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Secretary of State
CORPORATE INFORMATION

DOCUMENT # P93000039203 (3)

1. Corporation Name

T P R, INC.

**APPROVED
AND
FILED**

95 MAY -1 PM 2:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1201 US HWY 1
SUITE 24
N PALM BEACH FL 33408**

Mailing Address

**1201 US HWY 1
SUITE 24
N PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

05/27/1993

3a. Date of last report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0417021

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**

6. This corporation has ability for interstate tax under § 1361(a)(2),
Florida Statutes ☐ Yes ☒ No

State Apt. #, etc.

22

State Apt. #, etc.

27

City & State

23

City & State

28

24. ☐ 25. ☐ 26. ☐ 27. ☐ 28. ☐ 29. ☐ 30. ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUCI, THOMAS F
1201 US HWY 1
SUITE 24
N PALM BEACH FL 33408**

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 607.07(3) and 607.15(3)(b), 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 607.07(3)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director or Officer

Signature of Registered Agent or Director or Officer

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **PUCI, THOMAS F**
STREET ADDRESS **495 S BEACH RD**
CITY, ST, ZIP **HOBE SOUND FL 33455**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 1361(a)(2), Florida Statutes. I further certify that the information included 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 registered broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 is typed on or in other format with an address.

SIGNATURE:

Thomas F. Pucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(407) 625-4066

