

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 # P93000066838 (2)

1. Corporation Name

T.P.C.N.A., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:27

Principal Place of Business

106 N. INDUSTRIAL PARK DR.
LAKE HELEN FL 32744
US

Mailing Address

P.O. BOX 3488
LONGWOOD FL 32779-0488

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

05/12/1994

4. FBI Number

59-3203301

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

21 577 DELTONA BLVD

2a. Mailing Address

26 P.O. DRAWER 6269

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SECOND FLOOR

City & State

City & State

23 DELTONA FL

28 DELTONA FL

Zip

Country

Zip

Country

24 32725

25

29 32728

30

9. Name and Address of Current Registered Agent

BALISE, PETER S
186 N. INDUSTRIAL PARK DR.
LAKE HELEN FL 32744

10. Name and Address of New Registered Agent

81 Name

BALISE, PETER S

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

577 DELTONA BLVD

83

SECOND FLOOR

84 City

DELTONA

FL

85 Zip Code

32725

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 reappointing)

2-3-95

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME BAUSE, PETR S.
STREET ADDRESS 186 N. INDUSTRIAL PARK DR.
CITY-ST-ZIP LAKE HELEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President AND TREASURER ☒ Change ☐ Addition
1.2 NAME BALISE, PETER S.
1.3 STREET ADDRESS 577 DELTONA BLVD, SECOND FLOOR
1.4 CITY-ST-ZIP DELTONA FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT AND SECRETARY ☐ Change ☒ Addition
2.2 NAME D. SCOTT PIANKON
2.3 STREET ADDRESS 577 DELTONA BLVD, SECOND FLOOR
2.4 CITY-ST-ZIP DELTONA FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 199.03(2)(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 I am not an officer or director of the corporation.

SIGNATURE:

PRESIDENT PETER S. BALISE 2/3/95 407-8341612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature