

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **940000317A**
1. Corporation Name
**Tri-County Electrical & Security
Contractors, Inc.**

Principal Place of Business
**6570 Griffin Rd.
Suite # 105
Davie, Fl. 33314**

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

4-1994

4. FEI Number
65-0497266

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6570 Griffin Rd

26 Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 105

27

City & State

City & State

23 Davie, Fl

28

Zip

Country

Zip

Country

24 33314

25 U.S.A.

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Mark Spatz
6570 Griffin Road
Suite #105
Davie, FL 33314**

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 607.0502 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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Mark Spatz
6570 Griffin Rd. Suite #105
Davie, FL 33314**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice-President
John E. Gondola, Jr.
6570 Griffin Rd. Suite #105
Davie, FL 33314**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Treasurer
John Hall
6570 Griffin Rd. Suite #105
Davie, FL 33314**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

**300001854828
-06/07/96--01008--021
***225.00**

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 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 954 321-6200

CR2E034 (12/95)