

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000068229 (1)

1. Corporation Name

TTS - TEAM TRUST SERVICES, INC.



Principal Place of Business

500 5TH AVENUE SOUTH, SUITE 524  
NAPLES FL 33941

Mailing Address

500 5TH AVENUE SOUTH, SUITE 524  
NAPLES FL 33941

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0590621

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERICKSON, WILLIAM C  
500 5TH AVENUE SOUTH, SUITE 524  
NAPLES FL 33940

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 title, if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
DP  
ROGALL, WOLFGANG W  
6951 MILLPOND CIRCLE  
NAPLES FL 33942

1.2 TITLE ☐ DELETE

NAME  
DV  
GRIMM, BRUNO  
6951 MILLPOND CIRCLE  
NAPLES FL 33942

1.3 TITLE ☐ DELETE

NAME

1.4 STREET ADDRESS

1.5 CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE ☐ DELETE

NAME

1.10 STREET ADDRESS

1.11 CITY - ST - ZIP

1.12 TITLE ☐ DELETE

NAME

1.13 STREET ADDRESS

1.14 CITY - ST - ZIP

1.15 TITLE ☐ DELETE

NAME

1.16 STREET ADDRESS

1.17 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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

WOLFGANG W. ROGALL

Date

Daytime Phone #

3-6.1996 941-263-2810

CR2E034 (12/95)