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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:15

DOCUMENT # **P94000076230 (9)**

1. Corporation Name
TNYP, INC.

Principal Place of Business	Mailing Address
203 ST. PETERSBURG DRIVE OLDSMAR FL 34677	203 ST. PETERSBURG DRIVE OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1994
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

4. FEI Number: 59-3277903 ☐ 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

LATRONICA, ANTHONY
203 ST. PETERSBURG DRIVE
OLDSMAR FL 34677

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 607.0502 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: Anthony Latronica (Signature of new or current registered agent required if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	ANTHONY LATRONICA	12 NAME	
STREET ADDRESS	3505 TARPON Woods Blvd. P405	13 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR, FL. 34685	14 CITY ST ZIP	
TITLE	Vice PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	Michael DAVIS	22 NAME	
STREET ADDRESS	P.O. Box 906	23 STREET ADDRESS	
CITY ST ZIP	SAFETY HARBOR, FL. 34695	24 CITY ST ZIP	
TITLE	MARY ANN COUTINELLI	31 TITLE	☐ Change ☐ Addition
NAME	3505 TARPON Woods Blvd. P405	32 NAME	
STREET ADDRESS	PALM HARBOR, FL. 34685	33 STREET ADDRESS	
CITY ST ZIP	SECRETARY, TREAS.	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	REMITTED BY MAY 1
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Anthony Latronica 5-29-95 (813) 855-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460853 FP