

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000029445 (0)**

1. Corporation Name

TRI-COUNTY SHEET METAL, INC.

Principal Place of Business

**215 SO. OAK AVENUE
SANFORD FL 32771**

Mailing Address

**215 SO. OAK AVENUE
SANFORD FL 32771**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

4. FEI Number

59-3314891

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

**MONIZ, MICHAEL R
215 SO. OAK AVENUE
SANFORD FL 32771**

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 607.001 and 607.003, 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 obligation of, Section 607.003, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of Officer or Director

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D MONIZ, MICHAEL R**
STREET ADDRESS **1748 LAREDO DRIVE**
CITY-STATE-ZIP **DELTONA FL 32738**

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition
NAME **V Rory Moniz**
STREET ADDRESS **1748 Laredo Dr.**
CITY-STATE-ZIP **Deltona FL 32738-4481**

2. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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(c)(3), 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. I am an officer or director of the corporation or the executor or administrator of the corporation and I am not a resident of the State of Florida. I am not a resident of the State of Florida. I am not a resident of the State of Florida.

SIGNATURE:

Rory Moniz

Rory Moniz, Vice President

(407) 322-4731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Officer or Director

CR2E034 (12/95)