

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90084 018 ***150.00

DOCUMENT # P95000092056

1. Corporation Name
TRANS/CIRCUITS, INC.



Principal Place of Business

661-40TH ST SOUTH
ST. PETERSBURG FL 33711
US

Mailing Address

P O BOX 60545
ST. PETERSBURG FL 33784
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1995

4. FEI Number

59-3352220

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LALIBERTE, PAUL E
2877-47TH AVENUE NORTH
ST. PETERSBURG FL 33714
33711

10. Name and Address of New Registered Agent

81 Name

Paul E. LaLiberte

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

661-40th. Street South

83

St Petersburg

84 City

FL

85 Zip Code

33711

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D LALIBERTE, PAUL E
STREET ADDRESS
11732 MARLA LANE
CITY-ST-ZIP
SEMINOLE FL 34642

TITLE ☐ DELETE

NAME
D MARKUZ, STEPHEN J
STREET ADDRESS
2207 BAY BOUELVARD
CITY-ST-ZIP
INDIAN ROCKS BEACH FL 34635

TITLE ☐ DELETE

NAME
D LALIBERTE, JOSEPH E
STREET ADDRESS
7965-9TH AVENUE SOUTH
CITY-ST-ZIP
ST. PETERSBURG FL 33707

TITLE ☐ DELETE

NAME
D SPEIGHT, REBECCA A
STREET ADDRESS
5906 BOSTON DRIVE
CITY-ST-ZIP
FALLS CHURCH VA 22041

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

727 322-0500

Daytime Phone #