## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 733339** 

Entity Name: TRI-COUNTY CENTRAL OFFICE, INC.

## **Current Principal Place of Business:**

8019 N. HIMES AVENUE SUITE 104 TAMPA, FL 33614

# **Current Mailing Address:**

8019 N. HIMES AVENUE SUITE 104 TAMPA, FL 33614

FEI Number: 59-1605474 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

SMITH, TIMOTHY W 8019 N. HIMES AVE STE 104 TAMPA, FL 33614 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 02, 2024

**Secretary of State** 

9584381912CC

#### Officer/Director Detail:

Title VICE-CHAIR Title **SECRETARY** WALLEY, BRAD SPIKES, DEBBIE Name Name

6412 GOLDEN DRIVE Address 10212 CHARLESTON CORNER ROAD Address

TAMPA FL 33634 TAMPA FL 33635 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **CHAIRMAN** Name BILGER, AL BILGER, LINDA Name

Address 1913 EAST CLIFTON AVENUE Address 1913 EAST CLIFTON AVENUE

City-State-Zip: TAMPA FL 33610 City-State-Zip: TAMPA FL 33610

Title **TREASURER** Name SIMKO, CHRIS

Address 206 MYSTIC FALLS DRIVE City-State-Zip: APOLLO BEACH FL 33572

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/02/2024 SIGNATURE: AL BILGER **CHAIRMAN**