

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 177919

**Entity Name:** TEMPACO, INC.**Current Principal Place of Business:**1984 W NEW HAMPSHIRE ST  
ORLANDO, FL 32804**Current Mailing Address:**1984 W. NEW HAMPSHIRE STREET  
ORLANDO, FL 32804**FEI Number:** 59-0762881**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBINSON, MARIA E  
1984 W. NEW HAMPSHIRE STREET  
ORLANDO, FL 32804 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**Officer/Director Detail :**

|                 |                   |
|-----------------|-------------------|
| Title           | VP                |
| Name            | EVANS, NEILL H.   |
| Address         | 261 SUTHERLAND CT |
| City-State-Zip: | APOPKA FL 32712   |

|                 |                    |
|-----------------|--------------------|
| Title           | P                  |
| Name            | ROBINSON, MARIA E. |
| Address         | 19580 PADDOCK ST   |
| City-State-Zip: | ORLANDO FL 32833   |

|                 |                   |
|-----------------|-------------------|
| Title           | DIRECTOR          |
| Name            | ROOT, GREGORY     |
| Address         | 3909 LK DRAWDY DR |
| City-State-Zip: | ORLANDO FL 32820  |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | GREGORICH, JAMES       |
| Address         | 215 LOTUS DR           |
| City-State-Zip: | SAFETY HARBOR FL 34695 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | LONG, MICHAEL       |
| Address         | 25401 IRON WEDGE DR |
| City-State-Zip: | SORRENTO FL 32776   |

|                 |                          |
|-----------------|--------------------------|
| Title           | SECRETARY                |
| Name            | ANDERSON, JON            |
| Address         | 5643 WHITE TRILLIUM LOOP |
| City-State-Zip: | LAND-O-LAKES FL 34639    |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TEMPACO MARGUERITE KING**OFFICE MANAGER****04/08/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date