

2020 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: MARIA ROBINSON**PRESIDENT****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date