

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005750

Entity Name: MULTI-COMP, INC.**Current Principal Place of Business:**500 N. WESTSHORE BLVD
TAMPA, FL 33609**Current Mailing Address:**500 N. WESTSHORE BLVD
TAMPA, FL 33609 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name SIEGEL, TODD
Address 500 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33609

Title SECRETARY
Name BRYANT, GUY
Address 500 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name DINGLE, PHIL
Address 500 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33609

Title CO-CHAIRMAN
Name MORRIS, FRED
Address 500 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name BRYANT, GUY
Address 500 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name DAVIS, CHARLES
Address 500 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33609

Title CO-CHAIRMAN
Name BRYANT, GUY
Address 500 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33609

Title CFO
Name STANBRO, KYLE
Address 500 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33609

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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: GUY BRYANT**CEO****04/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CEO
Name BRYANT, GUY
Address 500 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33609

Title PRESIDENT
Name KALVELAGE, JOHN
Address 2258 SUMNER CT NE
City-State-Zip: CONYERS GA 30012

Title DIRECTOR
Name KALVELAGE, JOHN
Address 2258 SUMNER CT NE
City-State-Zip: CONYERS GA 30012