

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000025702

**Entity Name:** TROPIC ISLE SERVICES, INC.

**Current Principal Place of Business:**

952 MCCLEARY ST  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

952 MCCLEARY ST.  
DELRAY BEACH, FL 33483 US

**FEI Number: 38-4081241**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DIXON, CYNTHIA L  
952 MCCLEARY ST  
DELRAY BEACH, FL 33483 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            PRES  
Name            DIXON, THOMAS  
Address        952 MCCLEARY ST  
City-State-Zip: DELRAY BEACH FL 33483

Title            VP  
Name            DIXON, THOMAS  
Address        952 MCCLEARY ST  
City-State-Zip: DELRAY BEACH FL 33483

Title            CFO  
Name            DIXON, CYNTHIA  
Address        952 MCCLEARY ST  
City-State-Zip: DELRAY BEACH FL 33483

Title            SECR  
Name            DIXON, CYNTHIA  
Address        952 MCCLEARY ST  
City-State-Zip: DELRAY BEACH FL 33483

*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: THOMAS DIXON**

**PRESIDENT**

**04/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date