

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

JAN 21 REC'D

FILED

Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 168274

1. Entity Name

SUB-TROPICAL OPPORTUNE PROPERTIES INC



Principal Place of Business

1903 S. 25TH STREET
SUITE 201
FT PIERCE FL 34947

Mailing Address

PO BOX 670
FORT PIERCE FL 34954
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0670663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINTON, JOHN L
4905 4TH ST
VERO BEACH FL 32962

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MINTON, SHIRLEY ANN
STREET ADDRESS 2501 S. INDIAN RIVER DRIVE
CITY- ST- ZIP FT PIERCE FL ☐ Delete

TITLE DP
NAME MINTON, MICHAEL D.
STREET ADDRESS 2513 S. INDIAN RIVER DR.
CITY- ST- ZIP FT. PIERCE FL ☐ Delete

TITLE STD
NAME MINTON, B.T.
STREET ADDRESS 8431 HIDDEN PINES RD.
CITY- ST- ZIP FT PIERCE FL ☐ Delete

TITLE D
NAME MINTON, JOHN L.
STREET ADDRESS 4905 4TH STREET
CITY- ST- ZIP VERO BEACH FL ☐ Delete

TITLE V
NAME LONGINO, BERT P
STREET ADDRESS 1110 CLUB DR
CITY- ST- ZIP FT PIERCE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000000076805
STREET ADDRESS 03/05/04-80017-003 150.00
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

JOHN L. MINTON, DIRECTOR

3/3/04

772-464-3502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #