

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90058 043 ***150.00

DOCUMENT # 361028

1. Entity Name

TROPIC RACK EQUIPMENT COMPANY



Principal Place of Business

4600 E 11TH AVE
HIALEAH FL 33013

Mailing Address

4600 E 11TH AVE
HIALEAH FL 33013

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL 33013

City & State

HIALEAH FL 33013

Zip

33013

Country

USA

Zip

33013

Country

USA

4. FEI Number

59-1297914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, ELIZABETH W

~~3703 NE 166TH STREET~~

N MIAMI BEACH FL

3545 NE 166 ST.

N. MIAMI BCH.

FL 33160

7. Name and Address of New Registered Agent

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 ELIZABETH W. ABBOTT

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

Elizabeth Abbott

(NOTE: Registered Agent signature required when reinstating)

2/16/04

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 PD ☐ Delete
NAME ABBOTT, GEORGE
STREET ADDRESS ~~3703 NE 166 ST~~ 3545 NE 166 ST.
CITY-ST-ZIP N MIAMI BCH, FL 00000 N. MIAMI BCH.

TITLE S ☐ Delete
NAME DAVIS, LILLIAN
STREET ADDRESS 10330 SW 55TH ST.
CITY-ST-ZIP MIAMI FL

TITLE VPT ☐ Delete
NAME ABBOTT, ELIZABETH W
STREET ADDRESS ~~3703 NE 166 ST~~ 3545 NE 166 ST.
CITY-ST-ZIP N MIAMI BCH, FL 00000 N. MIAMI BCH.

TITLE V ☐ Delete
NAME ATKINSON, GARY L
STREET ADDRESS 98 WEST 7 STREET APT #8
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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

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

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

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CITY-ST-ZIP

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: Elizabeth Abbott
ELIZABETH W. ABBOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04
Date

305-944-7291
Daytime Phone #