2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # 583504** 1. Entity Name 04-23-2004 90230 030 ***150 00 TROPIC-KOOL ENGINEERING CORP. Principal Place of Business Mailing Address 1232 DONEGAN ROAD 1232 DONEGAN ROAD LARGO, FL 33771 LARGO, FL 33771 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 Cha-P CB2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1855668 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee-& Jefferies, P.A. FEE, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 101 E. 1 Kennedy Blvd, Suite 3000 GANTHER & FEE, P.A.-BANK OF AMERICA PLAZA SUITE 1030, 101 EAST KENNEDY BLVD. TAMPA, FL 33602 City Zip Code Tampa 33602 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. Lam familiar with, and accept the obligations of registers SIGNATURE_ (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 J.P. ARDIS Delete TITLE TITLE Change 1232 DONE GAN Rd. NAME JOHNSON, PETER NAME STREET ADDRESS 1232 DONEGAN RD. STREET ADDRESS LARCO COY-ST-7P LARGO, FL 33771 CITY-ST-ZIP 33771 TITLE ☐ Delete TTR E ☐ Change ☐ Addition BRAY, KENNETH NAME NAME 1232 DONEGAN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED