

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 27 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F67780

(9)

1. Corporation Name

TROPICAL AUTOMOTIVE, INC.

Principal Place of Business

4801 110TH AVE.
PO BOX 47428
CLEARWATER FL 34622
US

Mailing Address

% H. JAMES FISCHER
P.O. BOX 47428
ST. PETERSBURG FL 33743-7828
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/18/1982

3a. Date of Last Report

02/02/1994

4. FEI Number

59-2170564

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, H. JAMES
5050 CENTRAL AVE.
SUITE 201
ST. PETERSBURG FL 33710

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VST
BLACKWELL, WORTH T.
2156 COFFEE POT BLVD NE
ST. PETERSBURG FL**

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BUEHLER, THOMAS
1610 VALENCIA
CLEARWATER FL**

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BLACKWELL, WORTH T., JR
2156 COFFEE POT BLVD. NE
ST PETERSBURG FL**

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BLACKWELL, ELIZABETH B
2156 COFFEE POT BLVD NE
ST PETERSBURG FL**

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
TENNIS, DAVID
5560 87TH AVE N
PINELLAS PARK FL**

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE

☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**VP
FELIX, CANDIDO
1123 BASS BLVD
DUNEDIN FL 34698**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 12 or Block 13 if changed, or in the accompanying with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BUEHLER, Pres.

2/21/95

(Signature of Officer)