

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



3. Date Incorporated or Qualified

02/18/1982

3a. Date of Last Report

02/27/1995

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

21 12301 40th Street North

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Clearwater, FL

24 Zip 34622

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FISCHER, H. JAMES  
5959 CENTRAL AVE.  
SUITE 201  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

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 the if applicable

(NOTE: Registered Agent Signature is required for this filing)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE VP  
NAME FELIX, CANDIDI  
STREET ADDRESS 1123 BASS BLVD.  
CITY-ST-ZIP DUNEDIN FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet with an address change.

SIGNATURE:

*Worth T. Blackwell Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WORTH T. BLACKWELL JR VP  
THOMAS BUEHLER, President

4/30/96 (513) 573 2777

Daytime Phone #

CR2E034 (12/95)