

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F67780** (9)
1. Corporation Name
TROPICAL AUTOMOTIVE, INC.



Principal Place of Business 12301 40TH STREET NORTH PO BOX 47428 CLEARWATER FL 34622 US	Mailing Address % H. JAMES FISCHER P.O. BOX 47428 ST. PETERSBURG FL 33743-7428 US
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3. Date Incorporated or Qualified 02/18/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2170564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 12301 40th STREET NORTH Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 CLEARWATER FL	27 City & State 28
24 Zip 34622	25 Country USA
29 Zip	30 Country

9. Name and Address of Current Registered Agent FISCHER, H. JAMES 5959 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	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VST <input type="checkbox"/> DELETE
NAME	BLACKWELL, WORTH T.
STREET ADDRESS	2156 COFFE POT BLVD NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BUEHLER, THOMAS
STREET ADDRESS	1610 VALENCIA
CITY-ST-ZIP	CLEARWATER FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BLACKWELL, WORTH T., JR
STREET ADDRESS	2156 COFFEE POT BLVD. NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BLACKWELL, ELIZABETH B
STREET ADDRESS	2156 COFFEE POT BLVD NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	TENNIS, DAVID
STREET ADDRESS	5560 87TH AVE N
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	FELIX, CANDIDI
STREET ADDRESS	1123 BASS BLVD.
CITY-ST-ZIP	DUNEDIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRUITT, WILLIAM D. JR.
2.3 STREET ADDRESS	2744 COUNTRYSIDE LANE
2.4 CITY-ST-ZIP	PALM HARBOR FL 34683
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE:  **WORTH T. BLACKWELL, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)