

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90013 004 ***150.00

DOCUMENT # F67780

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 33743-7828
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1982

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1954

23 City & State

City & State

28 St. Petersburg, FL

24 Zip **25** Country

29 33731-1954 **30** USA

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)
721 First Avenue North

83

84 City **St. Petersburg**

FL

85 Zip Code
33701

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPST**
STREET ADDRESS **BLACKWELL, WORTH T.**
CITY-ST-ZIP **2024 COFFEE POT BLVD NE
ST. PETERSBURG FL 33704**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **PRUITT, WILLIAM D**
CITY-ST-ZIP **2744 COUNTRYSIDE LN
PALM HARBOR FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **BLACKWELL, WORTH T., JR**
CITY-ST-ZIP **4250 14TH LANE NE
ST PETERSBURG FL 33703**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **BLACKWELL, ELIZABETH B**
CITY-ST-ZIP **5284 WHITE SAND CIRCLE NE
ST PETERSBURG FL 32703**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99

(727) 573-8268

CR2E034 (1/98)