

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1986.
AMOUNT DUE ON OR BEFORE 8/8/85: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # J33605

(3)

1. Corporation Name

TROPICAL TRADER, INC.

95 JUL -5 AM 9:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

14500-113 AERES WAY DR
 FT MYERS FL 33912

14500-113 AERES WAY DR
 FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/17/1986

06/01/1994

4. FBI Number

59-2714934

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

7. This corporation has liability for intangible tax under s. 190.012
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

28

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TANCREDI, CONNIE
 14501-113 AERES WAY DR
 FT MYERS FL 33912**

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 hereby with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature must be printed name of registered agent and the applicable

20/11 Registered Agent signature required when venturing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
**PO
 TANCREDI, ANTHONY
 14501-113 AERES WAY DR
 FT MYERS FL**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
**D
 TANCREDI, CONSTANCE A.
 14501-113 AERES WAY DR
 FT MYERS FL**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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. I am an officer or director of the corporation or the recorder 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.

SIGNATURE:

Constance A. Tancredi 6/30/85
 813-768-3728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR