FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95

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

93-5839-Corp

APPROVED AND FILED

93 MAY -1 PM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J64735 (0)

1. Corporation Name
TROPICAL PLACE, INC.

Principal Place of Business	Mailing Address
% H. EUGENE MCCOY, JR. 523 BAHAMA DR. INDIAN HARBOUR BEACH FL 32937	% H. EUGENE MCCOY, JR. 523 BAHAMA DR. INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1987
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: NOT APPLICABLE — 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

9. Name and Address of Current Registered Agent

MCCOY, H. EUGENE, JR.
523 BAHAMA DR.
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 (and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MCCOY, H. EUGENE, JR.	12 NAME	
STREET ADDRESS	523 BAHAMA DRIVE	13 STREET ADDRESS	
CITY ST ZIP	INDIAN HARBOUR BCH., F 32937	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KILCOYNE, JOYCE	22 NAME	
STREET ADDRESS	111 OAKMONT CIR	23 STREET ADDRESS	
CITY ST ZIP	NEW BERN NC 28562	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CLARK, H. L. (III)	32 NAME	
STREET ADDRESS	~~225 6TH AVE., SUITE 3~~ 1901 Highway A1A Suite #4	33 STREET ADDRESS	
CITY ST ZIP	~~INDIALANTIC FL~~ Indian Harbour Bch Florida 32937	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	Jim Garrison	52 NAME	
STREET ADDRESS	751 South Washington Ave	53 STREET ADDRESS	
CITY ST ZIP	Titusville, FL 32780	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	Check for $200 enclosed
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: H E McCoy Jr 28 April 95 407-777-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Voice mail - 24 hrs

000001 CP