SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:14

DOCUMENT # **J95129** **(9)**

1. Corporation Name
TROPICAL IMPRESSIONS OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
1166 BROOK RD CLEARWATER FL 34615 US	1166 BROOK RD CLEARWATER FL 34615 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1987
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 762 OHIO AVE	Suite, Apt. #, etc. 27 762 OHIO AVE
City & State 23 PALM HARBOR, FL	City & State 28 PALM HARBOR, FL
Zip 24 34683	Country 25 PINELLAS
Zip 29 34683	Country 30 PINELLAS

4. FEI Number: 59-2846401 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLLINS, JAMES H. 1166 BROOK RD CLEARWATER FL 34615	81 Name: James H Collins 82 Street Address (P.O. Box Number is Not Acceptable): 762 OHIO AVE 83 Palm Harbor, FL 84 City: Palm Harbor, FL FL 85 Zip Code: 34683

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — (MUST: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	11 TITLE	☐ Change ☐ Addition
NAME	COLLINS, JAMES H.	12 NAME	
STREET ADDRESS	~~1166 BROOK RD~~ 762 OHIO AVE	13 STREET ADDRESS	
CITY ST ZIP	~~CLEARWATER FL~~ PALM HARBOR, FL 34683	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	COLLINS, MICHELE A.	22 NAME	
STREET ADDRESS	~~1166 BROOK RD.~~ 762 OHIO AVE	23 STREET ADDRESS	
CITY ST ZIP	~~CLEARWATER FL~~ PALM HARBOR, FL 34683	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: _____ 12 June 95 813-786-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0167426 PP