

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90052 043 ***150.00

0665749

DOCUMENT # K46181

1. Corporation Name

TROPIC VERTICALS OF ST. AUGUSTINE, INC.

Principal Place of Business

% DAVID C. ROUNDS
2740 U.S. HIGHWAY #1 SOUTH
ST. AUGUSTINE FL 32086-6336

Mailing Address

% DAVID C. ROUNDS
2740 U.S. HIGHWAY #1 SOUTH
ST. AUGUSTINE FL 32086-6336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1988

4. FEI Number

59-2915976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 268 SOLANA RD

Suite, Apt. #, etc.

22

City & State

23 PONTE VEDRA BEACH

Zip

24 32082

Country

25 ST JOHNS

2a. Mailing Address

26 268 SOLANA RD

Suite, Apt. #, etc.

27

City & State

28 PONTE VEDRA BEACH

Zip

29 32082

Country

30 ST JOHNS

9. Name and Address of Current Registered Agent

ROUNDS, DAVID C.
2740 U.S. HIGHWAY #1 SOUTH
ST. AUGUSTINE FL 32084

SAME

10. Name and Address of New Registered Agent

81 Name ROUNDS, DAVID C.

82 Street Address (P.O. Box Number is Not Acceptable)

268 SOLANA RD

83

84 City PONTE VEDRA BEACH FL

85 Zip Code

32082

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

DAVID C. ROUNDS

DAVID C. ROUNDS

per

1/13/99

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 ROUNDS, DAVID C.

STREET ADDRESS 2740 U.S. HIGHWAY #1 SO.

CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME ROUNDS, SANDRA G.

STREET ADDRESS 2740 U.S. HIGHWAY #1 SO.

CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

268 SOLANA RD

PONTE VEDRA BEACH 32082

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

268 SOLANA RD

PONTE VEDRA BEACH 32082

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

DAVID C. ROUNDS

per

1/13/99

273-5853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)