

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K98771** (4)

1. Corporation Name

TROPIC AIR CONDITIONING, INC.



Principal Place of Business

Mailing Address

**39968 U.S. 19 NORTH
TARPON SPRINGS FL 34689**

**39968 U.S. 19 NORTH
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified
06/27/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **770 N. Grosse Ave.**

Suite, Apt. #, etc.

22 City & State

23 **Tarpon Springs FL 34689**

24 Zip

34689

25 Country

USA

2a. Mailing Address

26 **770 N. Grosse Ave.**

Suite, Apt. #, etc.

27 City & State

28 **Tarpon Springs FL 34689**

29 Zip

34689

30 Country

USA

4. FEI Number

59-2956515

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

**GALLO, LAURENCE A.
1949 SAN JOSE DR
NEW PORT RICHEY FL 34855**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6912 San Jose Loop

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, 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 607.0502, Florida Statutes.

SIGNATURE

Laurence A. Gallo

(NOTE: Registered Agent signature required when reinstating)

2/2/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GALLO, LAURENCE A.	
STREET ADDRESS	1949 SAN JOSE DR	
CITY- ST- ZIP	NEW PORT RICHEY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GALLO, FRANCINE	
STREET ADDRESS	1949 SAN JOSE DR	
CITY- ST- ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6912 San Jose Loop
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6912 San Jose Loop
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 I have not, or on an attachment with an address.

SIGNATURE:

Laurence A. Gallo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (813) 937-4277
DATE Daytime Phone

CR2E034 (12/95)