FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 -1 AM 11:26

DOCUMENT # **P94000033111 (3)**

1. Corporation Name
TROPICAL RETAIL BUILDERS, INC.

Principal Place of Business	Mailing Address
8306 BUSINESS PARK DR PT ST LUCIE FL 34952	8306 BUSINESS PARK DR PT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/02/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8300 Business PK Dr	26 9122 S Fed Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 283
City & State 23 Port St Lucie FL	City & State 28 Port St Lucie FL
Zip 24 34952 Country 25 USA	Zip 29 34952 Country 30 USA

4. FEI Number: 65-0484295 ☐ 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	10. Name and Address of New Registered Agent
GORMAN, ROBERT J 515-519 S INDIAN RIVER DR FT PIERCE FL 34950	81 Name: Peter A Maselli 82 Street Address (P.O. Box Number is Not Acceptable): 8300 Business PK Dr 83: Port St Lucie, FL 84 City: FL 85 Zip Code: 34952

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: Peter A MASELLI — Peter A Maselli — 5-23-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MASELLI, PETER A	12 NAME	Maselli, Peter A
STREET ADDRESS	8306 BUSINESS PARK DR	13 STREET ADDRESS	8300 Business PK Dr
CITY ST ZIP	PT ST LUCIE FL 34952	14 CITY ST ZIP	Port St Lucie, FL 34952
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		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	

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: Peter A Maselli — 5-23-95 — 407 340-3454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E060 (1/95)