

**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

95 JUL 21 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000063516 (6)

1. Corporation Name

TROPICAL TRACKS, INC.

Principal Place of Business

**4532 TAMiami TRAIL-EAST, SUITE 303
NAPLES FL 33962**

Mailing Address

**4532 TAMiami TRAIL-EAST, SUITE 303
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/29/1994** 3a. Date of Last Report **←**

4. FEI Number **65-05271803** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

9. Name and Address of Current Registered Agent

**ROBERTS, WILLIAM B
4532 TAMiami TRAIL-EAST, SUITE 303
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81. Name

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

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, 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 of agent or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Pres. - Sole Director**
NAME **MARK V. CLEMONS**
STREET ADDRESS **3280 4th Ave N.E.**
CITY, ST, ZIP **NAPLES, FL 33964**

TITLE **Secretary**
NAME **William B. Roberts**
STREET ADDRESS **2294 Royal Lane**
CITY, ST, ZIP **Naples, FL 33964**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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

← Same

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

**William B. Roberts
2294 Royal Lane
Naples FL 33962**

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 amendment with an address.

SIGNATURE: **Mark V. Clemons**

SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Pres.

941-455-5910

or 774-6778

0107807 CP

CR2E034 (3/95)