## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000082502 (3) DOCUMENT #

1. Corporation Name

TROPICAL EREEZE

**FILED** May 06 1998 8:00am Secretary of State

Principal Place of Business C/O TASTEE FREEZE	Mailing Address C/O TASTEE FREEZE			
4900 MOBILE HWY.	4900 MOBILE HWY.		DO NOT MIDITE IN THE	20105
PENSACOLA FL 32506	PENSACOLA FL 32506		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
			11/02/1994	]
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt #, etc.	<del></del>	59-3289831	Not Applicable
22	27 Soile, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the ci	
24 25 9, Name and Address of Current		30	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes I No
BAKER, W. MICHAEL		81 Name		_
1230 BRIDGE CREEK TERRACE		100	N. Michael Bake	10
PENSACOLA FL 32506		82 Street Add	tress (P.O. Box Number is Not Acceptable)	ue l
		83		
		84 City (		85 Zip Code
		1 178	ENSACOLA FI	- 32506
11. Pursuant to the provisions of Soctions 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 50.0505. Florida Statutes.				
	// /_	rida Statutes	,	1/2-190
SIGNATURE Signature, typed or printed name of trig sterred agen	13 6 V (NOTE	: Registered Agent signature requ	i/red when reinstating) DATE	9/25/18
12. OFFICERS AND	····	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE DPVT	DELETE	1.1 TITLE	Secretary,	Change Addition
NAME BAKER, W. MICHAEL		1.2 NAME	TEAN M. KOSS	
STREET ADDRESS 703 N. 75TH AVE. PENSACOLA FL		1.3 STREET ADDRESS	703 N. 75th AVE	
OIII VI EII	<b>▼</b> DELETE	1.4 CITY-S1-ZIP	703 N. 75th Ave ENSACOIA, 71 32506	Change Addition
NAME BAKER, W. MICHAEL	M DECEIE	2.1 TITLE 2.2 NAME		Change   Addition
STREET ADDRESS 703 N. 75TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP PENSACOLA FL		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELE <b>te</b>	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME	☐ herrie	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS				I
VIII PARTICO				
CITY-ST-ZIP		5.3 STREET ADDRESS		
CITY-ST-2IP TITLE	DELETÉ			☐ Change ☐ Addition
	☐ DELETÉ	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

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.