FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000094073 (1)**

1. Corporation Name

FLORIDA TROPICS, INC.

Principal Place of Business	Mailing Address
29246 ST JOE ROAD DADE CITY FL 33525 US	29246 ST JOE ROAD DADE CITY FL 33525 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **12/23/1994**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **59-3293283** ☐ 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

MOHIP, AMINIE
201 N FRANKLIN ST
SUITE 2600
TAMPA FL 33602

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 Section(s) 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 _____ DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☒ DELETE
NAME	PRATTO, BARBARA	
STREET ADDRESS	4143 ROLLING SPRINGS DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☒ DELETE
NAME	GONZALEZ, KIMBERLY	
STREET ADDRESS	3450 PALENCIA DRIVE	
CITY-ST-ZIP	TAMPA 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	P	☐ Change ☒ Addition
1-2 NAME	Richard L. Pratto	
1-3 STREET ADDRESS	29246 St. Joe Road	
1-4 CITY-ST-ZIP	Dade City, Florida 33525	
2-1 TITLE	VP	☐ Change ☒ Addition
2-2 NAME	Richard A. Pratto	
2-3 STREET ADDRESS	29246 St. Joe Road	
2-4 CITY-ST-ZIP	Dade City, Florida 33525	
3-1 TITLE	S/T	☒ Change ☐ Addition
3-2 NAME	Barbara M. Pratto	
3-3 STREET ADDRESS	29246 St. Joe Road	
3-4 CITY-ST-ZIP	Dade City, Florida 33525	
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

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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 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 added above.

SIGNATURE: Richard L. Pratto 3-15-96 904-588-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

Richard L. Pratto