

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003184

1. Corporation Name

TRIP PRODUCTS OF CAPE HAZE, INC.

Principal Place of Business

P.O. BOX 5230
ENGLEWOOD FL 34224-0230

Mailing Address

P.O. BOX 5230
ENGLEWOOD FL 34224-0230

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90141 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1995

4. FEI Number

65-0542916

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MIKULEK, THOMAS
331 BOCILLA DRIVE
DON PEDRO ISLAND
CAPE HAZE FL 33946

10. Name and Address of New Registered Agent

81 Name

MIKULEK

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MIKULEK, THOMAS | |
| STREET ADDRESS | 331 BOCILLA DRIVE, DON PEDRO ISLAND | |
| CITY-ST-ZIP | CAPE HAZE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | AUGUST, PATRICIA | |
| STREET ADDRESS | 331 BOCILLA DRIVE, DON PEDRO ISLAND | |
| CITY-ST-ZIP | CAPE HAZE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SARAFIN, JAMES | |
| STREET ADDRESS | 15148 YARMOUTH | |
| CITY-ST-ZIP | MINT HILL NC | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 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 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, with all other like empowered.

SIGNATURE:

Patricia August
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia August

Date

Daytime Phone #

(941) 697-3944

2/18/1999

CR2E034 (1/1/98)