

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000073400 (0)

1. Corporation Name
TROPICAL PARTNERS, INC.

Principal Place of Business

1390 MAIN STREET
SARASOTA FL 34236

Mailing Address

1390 MAIN STREET
SARASOTA FL 34236-5687



3. Date Incorporated or Qualified
09/19/1995

3a. Date of Last Report
05/01/1996

4. FEI Number 65-0682352
~~APPLIED FOR~~

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARKS, GREGORY M ESQ.
1390 MAIN STREET
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
McCurdy, Jeffrey

82 Street Address (P.O. Box Number is Not Acceptable)
1390 Main Street

83

84 City
Sarasota

FL 85 Zip Code
34236

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

4/10/97

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME MALONE, JAMES A
STREET ADDRESS 1390 MAIN STREET
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☐ Change ☒ Addition
1.2 NAME Mettler, Louis P.
1.3 STREET ADDRESS 1390 Main Street
1.4 CITY-ST-ZIP Sarasota, FL 34236

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Griffin, William D.
2.3 STREET ADDRESS 1390 Main Street
2.4 CITY-ST-ZIP Sarasota, FL 34236

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Callanen, Philip E.
3.3 STREET ADDRESS 1390 Main Street
3.4 CITY-ST-ZIP Sarasota, FL 34236

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME McCurdy, Jeffrey
4.3 STREET ADDRESS 1390 Main Street
4.4 CITY-ST-ZIP Sarasota, FL 34236

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

14. I do 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.

SIGNATURE

4/10/97

CR2E034 (9/96)