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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000038355 (9)

TROPICAL COMMERCIAL CONSTRUCTORS INC.

•				
Principal Place of Business	Mailing Address			######################################
9122 SOUTH FEDERAL HWY. #283 PORT ST. LUCIE FL 34952	9122 SOUTH FEDERAL H PORT ST. LUCIE FL 3495			
			3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-065794	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>Zip</b> Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
25	29	30		Yes No
9. Name and Address of Current F	Registered Agent		10, Name and Address of New Reg	listered Agent
SCAMMELL, WILLIAM		81 Name		
8300 BUSINESS PARK DRIVE PORT ST. LUCIE FL 34952			Address (P.O. Box Number is Not Acceptabl 280 Business Pk Driv	e) 'e
		B3		
		84 City		- 85 Zip Code
		Po	ort St Lucie	FL 34952
11. Pursuant to the provisions of Sections 607 0502 a office or registered agent, or both, in the State of agent diameters with, and accord the obligation	ind 607.1508, Florida Stati Florida, Such change was	ules, the above-named authorized by the corp	corporation submits this statement for the puboration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent d.am familiar with, and account the obligation	ons of, Section 607.0505,	rida Statutes.	,	// /
SIGNATURE MANY		·		4-16-97
Signature, typed or printed name of registered agent a OFFICERS AND I		Tit Ficgistered Agent signature  13.	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	CALLE
TITLE P	DELETE	1.1 TITLE		Change Addition
NAME SCAMMELL, WILLIAM F		1.2 NAME	P	C change C Hoomen
STREET ADDRESS 8300 BUSINESS PARK DRIVE		1.3 STREET ADDRESS	Scammell, William F	
CITY-ST-ZIP PORT ST. LUCIE FL 34952-1		1.4 CITY - ST - ZIP	8280 Business Park	
TITLE	DELETE	21 TITLE	Port ST Lucie, FL 3	Change Addition
NAME	_	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		1
CITY-ST-ZIP		2. 4 CITY - \$1 - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - \$1 - ZIP	l <u></u>	
TITLE	☐ DELETÉ	4.1 TITLE		Change Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREFT ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TALE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	TT	5.4 CITY-ST-ZIP		
TITLE	DELETE	61 TITLE		L Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	16 16 to 10	6.4 CITY - S1 - ZIP	Ideal in Continue 110 07/07/2 Fig. 11 C	(6.00
14. I do hereby certify that the information supplied w information indicated on this annual report or sup I am an officer or director of the corporation or the appears in Block 12 or Block 13 if c) anged, or or	plemental armual report is e receiver or trustee emport o an attachment with an ec	inviol the exemption of true and accurate and wered to execute this r idress	tated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same legal eport as required by Chapter 607, Florida St	. I further certify that the effect as if made under oath; that atutes; and that my name