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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000049339

1. Corporation Name
TROPIC TOOL, INC.

Principal Place of Business
**4361 ARNOLD AVENUE
 NAPLES FL 33942**

Mailing Address
**4361 ARNOLD AVENUE
 NAPLES FL 33942**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0683377

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

2. Principal Place of Business

21 4646 Domestic Ave.

2a. Mailing Address

26 4646 Domestic Ave.

Suite, Apt. #, etc.

22 Suite 105

Suite, Apt. #, etc.

27 Suite 105

City & State

23 Naples, FL

City & State

28 Naples, FL

Zip

24 34104

Country

25 USA

Zip

29 34104

Country

30 USA

9. Name and Address of Current Registered Agent

**WOLLMAN, EDWARD E ESO
 5129 CASTELLO DR
 SUITE 1
 NAPLES FL 34103**

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 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 DELETE
P
 NAME **TINSLER, DOUGLAS**
 STREET ADDRESS **4361 ARNOLD AVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
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 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 Change Addition
P
 1.2 NAME **Tinsler, Douglas**
 1.3 STREET ADDRESS **4646 Domestic Ave.**
 1.4 CITY-ST-ZIP **Naples, Fl.**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

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:

Douglas Tinsler
 DOUGLAS TINSLER

4/22/99

941-2619795

Date

Daytime Phone #

CR2E034 (1/98)