

5-7-97 B-6553 -C

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P96000087935 (8)

1. Corporation Name

TROPICAL STORM SHIELD, INC.

Principal Place of Business

1805 MAIN STREET
SUITE 1001
SARASOTA FL 34236

Mailing Address

1805 MAIN STREET
SUITE 1001
SARASOTA FL 34236-5861

2. Principal Place of Business

21 1748 Independence Blvd

22 Suite, Apt. #, etc
F-423 City & State
Sarasota, FL24 Zip
3423425 Country
U.S.

2a. Mailing Address

26 1748 Independence Blvd

27 Suite, Apt. #, etc
F-428 City & State
Sarasota, FL29 Zip
3423430 Country
U.S.

3. Date Incorporated or Qualified

10/24/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0709024

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1805 MAIN STREET
SUITE 1001
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

N/A

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETED
JOHNSON, STEVEN A
4027 WORCESTER ROAD
SARASOTA FL 34231TITLE ☐ DELETED
JOHNSON, KATHLEEN T
4027 WORCESTER ROAD
SARASOTA FL 34231TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ AdditionD,P, AT
JOHNSON, STEVEN A.
4027 Worcester Road
Sarasota, FL 3423112 TITLE ☒ Change ☐ AdditionD,S,T
JOHNSON, KATHLEEN T.
4027 Worcester Road
Sarasota, FL 3423113 TITLE ☐ Change ☐ Addition14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-ST-ZIP18 TITLE ☐ Change ☐ Addition19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP23 TITLE ☐ Change ☐ Addition24 TITLE
25 NAME
26 STREET ADDRESS
27 CITY-ST-ZIP28 TITLE ☐ Change ☐ Addition29 TITLE
30 NAME
31 STREET ADDRESS
32 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

Kathleen T. Johnson, Steven A. Johnson 4/23/97

CR2E034 (9/96)