


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

FILED
Jul 13 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra P. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000020787 (2)**

1. Corporation Name

TROPICAL PETS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**1515 BROADWAY
FT MYERS FL 33901**

**1515 BROADWAY
FT MYERS FL 33901**



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--------------------------------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 1031 NE Pine Island Rd. | 26 | 1031 NE Pine Island Rd. |
| Suite, Apt. #, etc. #2, 3, 4 | | Suite, Apt. #, etc. #2, 3, 4 | |
| 22 | Cape Coral FL 33909 | 27 | Cape Coral FL |
| City & State | | City & State | |
| 23 | 33909 | 28 | 33909 |
| Zip | | Zip | |
| 24 | Lee | 29 | Lee |
| Country | | Country | |

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

☒ 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDBERG, SCOT D
1515 BROADWAY
FT MYERS FL 33901**

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | PTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRENNAN, THOMAS M | 1.2 NAME | |
| STREET ADDRESS | \$223 GENESSEE PARKWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NOKEELIA FL 33922 | 1.4 CITY-ST-ZIP | |
| TITLE | SD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRYANT, WILLIAM M | 2.2 NAME | |
| STREET ADDRESS | \$223 GENESSEE PARKWAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NOKEELIA FL 33922 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | V.P. - Director |
| STREET ADDRESS | | 3.3 STREET ADDRESS | Mark T. Hitchcock |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | 19191 Parkinson Rd |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Sec - Director |
| STREET ADDRESS | | 4.3 STREET ADDRESS | Lisa M. Hitchcock |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 19191 Parkinson Rd |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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*****150.00**

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.

CR2E034 (10/97)