

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90079 022 ***150.00

DOCUMENT # P97000039579

1. Corporation Name
TROPICAL CHILL INC.

Principal Place of Business
**4501 TAMIAMI TRL. N. STE. 400
NAPLES FL 34103**

Mailing Address
**4501 TAMIAMI TRL. N. STE. 400
NAPLES FL 34103**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

59-3469087

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 **5801 PELICAN BAY BLVD.**

2a. Mailing Address

26 **5801 PELICAN BAY BLVD.**

Suite, Apt. #, etc.
22 **SUITE 300**

Suite, Apt. #, etc.
27 **SUITE 300**

City & State
23 **NAPLES, FL**

City & State
28 **NAPLES, FL**

Zip
24 **34108-2709** Country **USA**

Zip
29 **34108-2709** Country **USA**

9. Name and Address of Current Registered Agent

**WILSON, GARY K.
4501 TAMIAMI TRAIL N
STE 400
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name
WILSON, GARY K.

82 Street Address (P.O. Box Number is Not Acceptable)
5801 PELICAN BAY BLVD.

83 **SUITE 300**

84 City
NAPLES

85 Zip Code
FL 34108-2709

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVTS
WILSON, GARY
4501 TAMIAMI TRL., N., STE. 400
NAPLES FL 34103** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GARLAND, TWYLA
2600 GARLAND RD SW
NAPLES FL 34117** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OUVERSON, THOMAS H.
711 18TH AVE S
NAPLES FL 34102** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**DVTSP
WILSON, GARY
5801 PELICAN BAY BLVD., SUITE 300
NAPLES, FL 34108-2709** ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**D
GARLAND, TWYLA
2600 GARLAND RD. SW
NAPLES, FL 34117** ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**D
OUVERSON, THOMAS H.
4551 GULF SHORE BLVD. N., #206
NAPLES, FL 34103** ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY K. WILSON, PRESIDENT

Date

Daytime Phone #

3-8-99 941 6496566

CR2E034 (11/98)