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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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C+S Tropical Inc.

## **FILED** May 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
2803 21st Street Ruskin, FL 33570		P.	P.O. Box 6003 Sun City Center, FL 33591					
		ی				335	57/	
huskin, FL 33570		· · · · / · ·						
								3. Date incorporated or Qualified
2. Principal Pl	tade of Rusine	ucc	20	Mailing Address				4. FEI Number Applied For
<del></del>	IQUE UI DUSIIIC	:33	26	waming ~uuruss				65-0795961 Not Applied For
Suite, Apt.	# etc			Suite, Apt. #, etc.				\$0.75 Additional
22	4, 010		27					5. Certificate of Status Desired Fee Required
City & State	e	<del></del> · · · · · · · · · · · · · · · · · ·		City & State			<del></del>	
23		<b> </b>	26				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country			Zip Country				This corporation owes or has paid the current year Inlangible	
24	25 29 30		,	Personal Property Tax due June 30. Yes No				
		ind Address of Curre		ered Agent	[00]	$\neg \vdash$		10. Name and Address of New Registered Agent
7-	1- 1-	-/	<del></del>			81	Name	
10	ier, ca	7					2	
Toler, Carl 2803 21st street Ruskin, FL 33570				82	82 Street Address (P.O. Box Number is Not Acceptable)			
Ru.	skin, I	FL 33570				83		
							<u> </u>	
						84	City	FL 85 Zip Code
11 Purcuant	to the provision	os of Sactions 607 05	102 and 60	7 1508 Florida Sta	tutes the	a above	e-named o	corporation submits this statement for the purpose of changing its registered
office or r	egistered age	ent, or both, in the Stat	e of Florid	la. Such change wa	is author	ized by	the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	ım lamiliar witl	n, and accept the obli	gations of	, Section 607.0505,	Florida S	Statutes	S.	
SIGNATURE	Cleart			( anniversity )	IOTE Bear	larad Aga		required when reinstating) OATE
42	Signature typed o	or printed name of registered a OFFICERS A				3.	eni signatura ri	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	Presid		ND DINEC	DELETE		.1 TITLE	1	Change Addition
_	resia	Canl		L. precie	1	2 NAME		Car straige Car response
NAME	2000	.Carl 215T Stree	<b>-</b>		l l			
STREET ADDRESS	1803	2/01 311ee	:/ 7^				ADDRESS	
CITY - ST - ZIP		n, FL 3351	10	DELETE		4 CITY-S	ST-ZIP	Change Addition
TITLE	Vice-			CT Deceie	1	1.1 TITLE		Change T Addition
NAME	Hebra	nk, Steve . Bonita Dr.				.2 NAME		
STREET ADDRESS	3/19 6	SONITALPH,					ADDRESS	
CITY-ST-ZIP	Wima	uma FL 33	598	Dei ere		. 4 CITY-	ST-ZIP	Character Madelian
TITLE	Secre	altt.		☐ DELETE	1	I TITLE		Change Addition
NAME	loler,	Betty 21st Street	<u>-</u>			3.2 NAME	1	
STREET ADDRESS	2803	2131 311881					F ADDRESS	
CITY - ST - ZIP		in, FZ 3357	<i>v</i>			3.4. CITY-	ST-ZIP	
TITLE	Treas			DEFETE	4	1.1 TITLE		Change Addition
NAME	Hebra	nk, Aonna Bonita Dr.				I. 2 NAME	i i	
STREET ADDRESS	5119.	Bonita Dr.	- ^		4	1.3 STREET	T ADDRESS	
CITY - ST - ZIP	Wima	Uma FL 3.	3598			I.4 CITY - S	ST-ZIP	
TITLE	1	,		☐ DELETE	5	5.1 TITLE	1	☐ Change ☐ Addition
NAME					. 5	5.2 NAME	į	
STREET ADDRESS					5	5.3 STREET	T ADDRESS	
CITY-ST-ZIP						5.4 CITY - 9	ST-ZIP	
TITLE				☐ DELETE	6	5.1 TITLE	Ţ	Change Addition
NAME					6	5.2 NAME		600002532976 V -05/22/9801024035 V
STREET ADDRESS					6	S 3 STREET	T ADDRESS	-05/22/9801024035 \ <u>``\\</u> \\
CITY-ST-ZIP						6 4 CITY-5		***150.00 V
14   hereby	certify that the	information supplied	with this f	iling does not qualif	y for the	exemp	otion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this annu-	ai report or supplemen	nai annua	i report is true and a	accurate	and this	iai my sigi	nature shall have the same legal effect as if made under oath; that I am an

Block 12 or Block 13 if changed, or on an attachment with an address.

4-30.98