

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108102 (9)

1. Corporation Name
TROPICAL LANDHOLDINGS, INC.

Check No. 1005

Principal Place of Business
8252 WILTHIRE
PORT CHARLOTTE FL 33981

Mailing Address
8252 WILTHIRE
PORT CHARLOTTE FL 33981

FILED
May 07 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1997

4. FEI Number
65-0802638 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees

7. 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

PAUL, JERRY S
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE DUFF, JAMES T 8252 WILTHIRE PORT CHARLOTTE FL 33981	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition MICHAEL HARPER 8877 CALUMET BLVD. PORT CHARLOTTE FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE JOHNSON, PATSY 8252 WILTHIRE PORT CHARLOTTE FL 33981	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition DENNIS FULLERKAMP 2911 N.E. PINE ISLAND RD. CAPE CORAL, FL. 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE TRUEX, WILLIAM G 55 SPORTSMAN CT. ROTONDA WEST FL 33947	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition GARY WAPINSKI 55 OAKWOOD PALOS PARK, IL. 60464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE PRICE, JERRY D 1 SPORTSMAN LANE ROTONDA WEST FL 33947	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD HALVORSON 6 SPORTSMAN RD. ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE PRICE, CAROLYN 1 SPORTSMAN LANE ROTONDA WEST FL 33947	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition CHRISTINE HALVORSON 6 SPORTSMAN RD. ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE ALLARD, WILLIAM 223 DUNCAN RD. ROTONDA WEST FL 33947	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATSY BOWEN 8252 WILTHIRE DR. PORT CHARLOTTE, FL 33981

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.

SIGNATURE: *Patsy Bowen*

4/22/98 941-698-1500

CR2E034 (1097)