

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000108102 (9)

1. Corporation Name

TROPICAL LANDHOLDINGS, INC.

Change No. 1005

Principal Place of Business

8252 WILTSHIRE
PORT CHARLOTTE FL 33981

Mailing Address

8252 WILTSHIRE
PORT CHARLOTTE FL 33981

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
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUFF, JAMES T	
STREET ADDRESS	8252 WILTSHIRE	
CITY - ST - ZIP	PORT CHARLOTTE FL 33981	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, PATSY	
STREET ADDRESS	8252 WILTSHIRE	
CITY - ST - ZIP	PORT CHARLOTTE FL 33981	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TRUEX, WILLIAM G	
STREET ADDRESS	55 SPORTSMAN CT.	
CITY - ST - ZIP	ROTONDA WEST FL 33947	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, JERRY D	
STREET ADDRESS	1 SPORTSMAN LANE	
CITY - ST - ZIP	ROTONDA WEST FL 33947	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, CAROLYN	
STREET ADDRESS	1 SPORTSMAN LANE	
CITY - ST - ZIP	ROTONDA WEST FL 33947	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLARD, WILLIAM	
STREET ADDRESS	223 DUNCAN RD.	
CITY - ST - ZIP	ROTONDA WEST FL 33947	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL HARPER	
1.3 STREET ADDRESS	8877 CALUMNET BLVD.	
1.4 CITY - ST - ZIP	PORT CHARLOTTE FL. 33981	

2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DENNIS FULLENKAMP	
2.3 STREET ADDRESS	2911 N.E. PINE ISLAND RD.	
2.4 CITY - ST - ZIP	CAPE CORAL, FL. 33990	

3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARY WAPINSKI	
3.3 STREET ADDRESS	55 OAKWOOD	
3.4 CITY - ST - ZIP	PALOS PARK, IL. 60464	

4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARD HALVORSON	
4.3 STREET ADDRESS	6 SPORTSMAN RD.	
4.4 CITY - ST - ZIP	ROTONDA WEST, FL 33947	

5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHRISTINE HALVORSON	
5.3 STREET ADDRESS	6 SPORTSMAN RD.	
5.4 CITY - ST - ZIP	ROTONDA WEST, FL 33947	

6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Patsy Bowen	
6.3 STREET ADDRESS	8082 Wiltshire Dr.	
6.4 CITY - ST - ZIP	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* Patsy Bowen 4/22/98 941-698-1500

CR2E034 (10/97)