

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90240 004 ***150.00

DOCUMENT # P97000108102

1. Corporation Name
TROPICAL LANDHOLDINGS, INC.

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 ☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL, JERRY S
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

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 D ☐ DELETE
NAME DUFF, JAMES T
STREET ADDRESS 8252 WILTSHIRE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME DENNIS FULLENKAMP
1.3 STREET ADDRESS 2911 N.E. PINE ISLAND RD.
1.4 CITY-ST-ZIP CAPE CORAL, FL. 33990

TITLE D ☐ DELETE
NAME HARPER, MICHAEL
STREET ADDRESS 8877 CALUMET BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33981

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME GARY WAPINSKI
2.3 STREET ADDRESS 55 OAKWOOD
2.4 CITY-ST-ZIP PALOS PARK, ILL. 60464

TITLE D ☐ DELETE
NAME TRUEX, WILLIAM G
STREET ADDRESS 55 SPORTSMAN CT.
CITY-ST-ZIP ROTONDA WEST FL 33947

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME RICHARD HALVORSON
3.3 STREET ADDRESS 6 SPORTSMAN RD.
3.4 CITY-ST-ZIP ROTONDA WEST, FL. 33947

TITLE D ☐ DELETE
NAME PRICE, JERRY D
STREET ADDRESS 1 SPORTSMAN LANE
CITY-ST-ZIP ROTONDA WEST FL 33947

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME WILLIAM ALLARD
4.3 STREET ADDRESS 223 DUNCAN RD.
4.4 CITY-ST-ZIP ROTONDA WEST, FL. 33947

TITLE D ☐ DELETE
NAME PRICE, CAROLYN
STREET ADDRESS 1 SPORTSMAN LANE
CITY-ST-ZIP ROTONDA WEST FL 33947

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS note: These were added last
5.4 CITY-ST-ZIP year but do not appear now!

TITLE P ☐ DELETE
NAME BOWEN, PATSY
STREET ADDRESS 8252 WILTSHIRE DR
CITY-ST-ZIP PORT CHARLOTTE FL 33981

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

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:

Jerry D. Price - JERRY D. PRICE TREASURER (941) 697 5747
DATE 4/23/99 DAYTIME PHONE #

CR2E034 (11/98)

0453027