

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

0376155

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000030945

1. Corporation Name  
TROPIC PETROLEUM, INC.

Principal Place of Business  
1807 STERLING PALMS COURT  
#304  
BRANDON FL 33511

Mailing Address  
1807 STERLING PALMS COURT  
#304  
BRANDON FL 33511

FILED

00 MAR 30 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

99-00

2. Principal Place of Business

21 1100 N. 50TH ST

Suite, Apt. #, etc.

27 3G

City & State

TAMPA, FLA

Zip Country

33619 25 U.S.A.

2a. Mailing Address

26 1100 N. 50TH ST

Suite, Apt. #, etc.

27 3G

City & State

TAMPA, FLA

Zip Country

33619 29 30 U.S.A.

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

59-3514711

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

9. Name and Address of Current Registered Agent

LIPPENCOTT, SAMUEL C  
1807 STERLING PALMS COURT  
#304  
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 ☐ DELETE

NAME LIPPENCOTT, SAMUEL C  
STREET ADDRESS 1807 STERLING PALMS COURT, SUITE 304  
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ DELETE

NAME WHITMIRE, RICHARD  
STREET ADDRESS 759 ISLETON DRIVE  
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME LIPPENCOTT SAMUEL C  
1.3 STREET ADDRESS 609 BRIARCLIFF DRIVE  
1.4 CITY-ST-ZIP VALRICO FL 33594

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME WHITMIRE RICHARD  
2.3 STREET ADDRESS 2606 GREATVIEW PLACE  
2.4 CITY-ST-ZIP VALRICO FL 33594

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

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

DATE

DAYTIME PHONE #

CR2E034 (11/98)