

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90050 043 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000049947			
1. Corporation Name TROPIC FINANCIAL SERVICES, INC.			
Principal Place of Business 4440 NO OCEAN SHORE BLVD STE 105 PALM COAST FL 32137		Mailing Address 4440 NO OCEAN SHORE BLVD STE 105 PALM COAST FL 32137	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	2154 N. CENTER ST.
22	City & State	27	206-B
23	Zip	28	N. CHARLESTON, SC
24	Country	29	29418
25		30	USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOAN, TIMOTHY M 1 CORPORATE DRIVE STE 1C PALM COAST FL 32137		81 Name GREGG HOLLOWAY 82 Street Address (P.O. Box Number is Not Acceptable) 2154 N. CENTER ST. 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	1.1 TITLE	
NAME	HOLLOWAY, GREGG	1.2 NAME	
STREET ADDRESS	4440 NO OCEAN SHORE BLVD STE 105	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HOLLOWAY, LYNN	2.2 NAME	
STREET ADDRESS	4440 NO OCEAN SHORE BLVD STE 105	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-99 843-797-6877

CR2E034 (1/198)