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

DOCUMENT #	P98000049947
1 Corneration Name	

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

03-23-1999 90050 043 ***150.00

TROPIC	Financial Services, inc.				- [
							FII Bo ist Boss B		3/8/ 3J 3B
Principal Place	of Business	Mailing Address				6 19811881 III (BLA1 18111 BBILL 881			
4440 NO OCEA	N SHORE BLVD STE 105	-4440 NO OCEAN SHORE BLVD	31E 10	5	- }				
PALM COAST FL 32137 PALM COAST FL 32137						DO NOT WRITE IN THIS SPACE			
					}	3. Date Incorporated or Qualifed			
					ĺ	06/02/1998			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	-	26 2154 - NTCEN	TEX	- ST		~5935163	18	- No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				C. C. State of Other Desired		\$8.75	Additional
22		27 206-B			ļ	5. Certificate of Status Desired		Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing	П	\$5.00	Мау Ве
23		28 N, CHARLESTO	$\sqrt{2}$	<u>S C</u>		Trust Fund Contribution		Added	to Fees
Zip	Country		Country			8. This corporation owes the curre	ent year Inta		ا نہ
24	25	29 29418 30	<u>u</u>	<u> 5 A</u>		Personal Property Tax.		☐ Yes	☑ No
	9. Name and Address of Current	Registered Agent	-			10. Name and Address of New R	legistered /	Agent	
004	AL TRICTION AL		81		n.c	HOLLOWA-1			
	N, TIMOTHY M		82			(P.O. Box Number is Not Accepta	ible)		
	PROPRATE DRIVE STE 1C			21:	54	N. CENTER 3	.	<u> </u>	~ €2
PALN	A COAST FL 32137		83	ĺ					ļ
	•		84	City				85 Zip (Code
			<u></u>	<u> </u>	_		<u>FĻ</u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, the Florida Such change was author	ne abov rized by	e-named the corp	corpora oration's	ition submits this statement for the s board of directors. I hereby accep	purpose of the appoir	cnanging its ntment as re	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes			, ,			-
SIGNATURE									
	Signature, typed or printed name of registered agent			nt signature r	required wh	nen reinstating) ADDITIONS/CHANGES TO OF	DATE EICERS AN	D DIDECTO	DS IN 12
12.	OFFICERS AND		13. 1.1 TITLE		Γ	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
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NAME	HOLLOWAY, LYNN		2.2 NAME						
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NAME				TADDRESS					
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		E .							f
			6.3 STREE	TADDRESS					
STREET ADDRESS CITY-ST-ZIP		i	6.3 STREE 6.4 CITY-S						

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 en an attachment with an address, with all other like empowered.

SIGNATURE:

3-16-99