

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 # P98000052680

1. Corporation Name

NORTH FLORIDA TROPICS, INC.

Principal Place of Business

**9926 BEACH BLVD., STE. 306
JACKSONVILLE FL 32246-4706**

Mailing Address

**P.O. BOX 16952
JACKSONVILLE FL 32245-6952**

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90142 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

59-3516839

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PARRISH, STEVE
9926 BEACH BLVD., STE. 306
JACKSONVILLE FL 32246-4706**

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 ☐ DELETE
NAME **DPT**
STREET ADDRESS **PARRISH, STEVE**
CITY-ST-ZIP **4336 PACKARD DR.
JACKSONVILLE FL 32246-6457**

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **HICKS, MICHELLE**
CITY-ST-ZIP **4336 PACKARD DR.
JACKSONVILLE FL 32246-6457**

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **PARRISH, GORDON**
CITY-ST-ZIP **4645 FOREST BLVD.
JACKSONVILLE FL 32246**

TITLE ☐ DELETE
NAME **Parrish, Gary**
STREET ADDRESS **4345 Forest Blvd**
CITY-ST-ZIP **JAX, FL 32246**

TITLE ☐ DELETE
NAME **Parrish, Roy**
STREET ADDRESS **4345 Forest Blvd**
CITY-ST-ZIP **JAX, FL 32246**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Vice Pres Gary**
4.3 STREET ADDRESS **Parrish Gary**
4.4 CITY-ST-ZIP **4345 Forest Blvd
JAX FL 32246**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Vice Pres Parrish Roy**
5.3 STREET ADDRESS **4345 Forest Blvd**
5.4 CITY-ST-ZIP **JAX, FL 32246**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 759-6112

CR2E034 (1/98)