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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000055262

Country

TROPICAL LOGOS, INC.

INVERNESS FL 34452

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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22

23

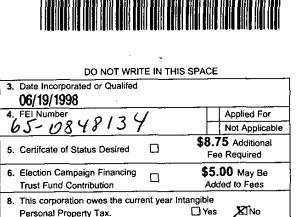
24

Zip

Mailing Address Principal Place of Business 4421 SOUTH ALPINE AVENUE 4421 SOUTH ALPINE AVENUE

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90124 033 \*\*\*150.00



9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MALLON, ELLEN M 81 82 Street Address (P.O. Box Number is Not Acceptable) 4421 SOUTH ALPINE AVENUE **INVERNESS FL 34452** 83 84 City

INVERNESS FL 34452

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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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.

Country

30

Slanature, based or printed name of registered agent and title if a	nnicable (NOTE: Re	egistered Agent signature require	ed when reinstating)	DATE	
	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
MALLON, ELLEN M		1.2 NAME	•		
4421 SOUTH ALPINE AVENUE		1.3 STREET ADDRESS			
INVERNESS FL 34452		1.4 CITY-ST-ZIP			
D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
COLLINS, ARTHUR F	•	2.2 NAME			
6457 WEST LEXINGTON DRIVE		2.3 STREET ADDRESS			
CRYSTAL RIVER FL 34429		2.4 CITY-ST-ZIP			
D	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
MILLER, CRAIG A		3.2 NAME			
4421 SOUTH ALPINE AVENUE		3.3 STREET ADDRESS			
INVERNESS FL 34452		3.4. CITY-ST-ZIP			
	□ DELETE	4.1 TITLE		[_] Change	☐ Addition
		4. 2 NAME			
	<del></del>	4.3 STREET ADDRESS		<u></u> . •	
		4.4 CITY-ST-ZIP			
	☐ DELETE	5.1 TITLE		U Change	Addition
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		6.4 CITY-ST-ZIP	0 1 10 07(0)() 51-11-21-11-21	E. at	formation
	MALLON, ELLEN M 4421 SOUTH ALPINE AVENUE INVERNESS FL 34452 D COLLINS, ARTHUR F 6457 WEST LEXINGTON DRIVE CRYSTAL RIVER FL 34429 D MILLER, CRAIG A 4421 SOUTH ALPINE AVENUE INVERNESS FL 34452	D DELETE  MALLON, ELLEN M  4421 SOUTH ALPINE AVENUE INVERNESS FL 34452  D DELETE  COLLINS, ARTHUR F  6457 WEST LEXINGTON DRIVE CRYSTAL RIVER FL 34429  D DELETE  MILLER, CRAIG A  4421 SOUTH ALPINE AVENUE INVERNESS FL 34452  DELETE  DELETE	DELETE	OFFICERS AND DIRECTORS  DELETE  MALLON, ELLEN M  4421 SOUTH ALPINE AVENUE INVERNESS FL 34452  DELETE  COLLINS, ARTHUR F 6457 WEST LEXINGTON DRIVE CRYSTAL RIVER FL 34429  D  D  D  DELETE  MILLER, CRAIG A 4421 SOUTH ALPINE AVENUE INVERNESS FL 34452  DELETE  MILLER, CRAIG A 4421 SOUTH ALPINE AVENUE INVERNESS FL 34452  DELETE  ALTITLE 4 2 NAME 4 3 STREET ADDRESS INVERNESS FL 34452  DELETE  4 1 TITLE 5 2 NAME 4 3 STREET ADDRESS 4 A CITY-ST-ZIP  DELETE  5 1 TITLE 5 2 NAME 6 3 STREET ADDRESS 5 4 CITY-ST-ZIP  DELETE 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP  DELETE 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP  DELETE 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	OFFICERS AND DIRECTORS  DELETE DELETE DIRECTORS MALLON, ELLEN M  4421 SOUTH ALPINE AVENUE 1.3 STREET ADDRESS INVERNESS FL 34452 DIRECTORS DIRECTOR

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 a

SIGNATURE AP

Zip Code

85