1. Entity Name TROPIC SIGNS SERVICE, INC.					FILED May 12, 2000 8:00 am Secretary of State			
Principal Place	of Business	Mailing Address		ĺ	03-27-2000 90091 012 ***150.00			
4600 CUMMINS COURT FORT MYERS FL 33905		4600 CUMMINS COURT FORT MYERS FL 33905-3716						
							TER LTT	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4.	4. FEI Number Applied For 65–0923189 Not Applied			
Zip	Country	Zip	Country	5.		\$8.75 Addit	tional	
	6. Name and Address of Currer	nt Registered Agent		<u></u>	Name and Address of New Regis			
			Name)a-mia	DL			
SMITH, WILLIAM R 8191 COLLEGE PARKWAY				Dennis Bubar Street Address (PO. Box Number is Not Acceptable) 4600 Cummins Court				
8191 SUITI	<u>-</u>	1000 00	martis court					
	F MYERS FL 33919							
			City	Fort My	vers	FL Zip Code 3390	5	
8. The above	named entity submits this statement	for the purpose of changing its r	egistered office or	registered a	agent, or both, in the State of Florida		1	
SIGNATURE .	Signature, bused or printed name of registered age		ennis Buba Registered Agent signatu			5-00 DATE		
Tax filing r	oration is eligible to satisfy its Intangit equirement and elects to do so. ria on back)	After MAY 1, 200		50.00	10. Election Campaign Financ Trust Fund Contribution.	ing \$5.0 0	May Be to Fees	
11.		ID DIRECTORS	12,		ADDITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBAR, DENNIS H 4600 CUMMINS COURT FORT MYERS FL 33905	Deleta	TITLE NAME STREET ADDRESS GXTY-ST-ZIP			Change	CRZE034 (9/99)	
TITLE		Delete	TITLE	DΛ	7	Change	X Addition 5	
NAME			NAME		⊵y Bubar			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS GITY-ST-ZIP		Cummins Court Myers, FL 33905		į	
TITLE	<u> </u>	☐ Delete	TITLE	DST		☐ Change	X Addition	
NAME			NAME	4	rt Bubar			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP		Cummins Court Myers, FL 33905		}	
TITLE		Delete	TITLE	FOIL	Myers, FL 33905	Change	Addition	
NAME	}	L. Delete	NAME	1				
STREET ADDRESS			STREET ADORESS	1			1	
CITY-ST-ZIP			CITY-ST-ZIP	ļ			The strike of	
TITLE NAME	Į	Delete	TITLE NAME	ļ		☐ Change	Addition	
STREET ADDRESS	4		STREET ADDRESS	-				
CITY-ST-ZIP		<u></u> -	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				Ì	
STREET ADDRESS CITY-S1-71P			CITY-ST-ZVP	1			1	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GINATUME AND TYPED OR PRINTED WAME OF SIGNANG OFFICER OR DIRECTION DELLA Date Date Date Date