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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # S46150

(6)

TROPICAL MOTORS OF BAY COUNTY, INC.

Principal Place	of Business	Mailing Address			
3915 W HWY 88 PANAMA CITY FL 32401		- 2915 W. HMY 88 PANAMA CITY FL 32401-1166 US			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pic	van al Rueinass	2a. Mailing Address		04/16/1991 4. FEI Number	01/31/1996 Applied For
2. Principal Place of Business 21 339 E, 15+1 5-		26 339 E	15th 5T	59-3070659	Not Applicable
Suite, Apt. #, etc. 22 PAYAMA C. ty. City & State		Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired Fee Required	
		City & State	\vdash 0 \cdot 0		6. Election Campaign Financing \$5.00 May Be
23 Zip _	Country	28 7 M/ A M Y C	Country	Trust Fund Contribution	Added to Fees
24 3240		— `^ ^ -	30 BACA	8. This corporation has liability for i	Itangible tax under s. 199.032, Yes No
	9. Name and Address of Curr		<u> </u>	10. Name and Address of New Re	
WILLIAMS, JACK G.			81 Name		
	MAGNOLIA AVENUE		82 Street Add	t Address (P.O. Box Number is Not Acceptable)	
PANAMA CITY FL 32401				***	
			83		
			84 City		85 Zip Code
44 D 22 21 1	the previous of Challena COZ O	00 and 607 1500. Florida Statut	the about powed as	poration submits this statement for the p	FL 20 2000
SIGNATURE	in fam har with, and accept the ob	sje rasditte Lapposabie (NOTI	Registerad Agent signature requ		DATE
12.	D OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MCGIBONY, WILLIAM F.	_ ordere	1.2 NAME		Ch puttings Ch vocation
STREET ADDRESS	8915 W: HWY 98 21	39 E. 15th ST	1.3 STREET ADDRESS		
CITY - ST - ZIP	PANAMA CITY FL	/ - . (14 CITY-ST-ZIP		
TITLE		DELETE	2.1 TATLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
COLY - ST-20P		DELETE	2 4 CITY - ST - ZiP 3.1 TITLE	5 -	Change Addition
NAME			3.2 NAME		C outlings C Addition
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C-TY-ST-ZIP		Dr. ere	4 4 CITY-ST-ZIP		F-1-50 - F-1-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
TITLE		[_] DELETE	5 1 TITLE		Change Addition
NAM:			5.2 NAME		
STREET ADDRESS Ofty - ST - ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STHEET ADDRESS		^	6.3 STREET ADDRESS		
City-St- <i>ti</i> r		//	6.4 CITY - ST - ZIP		
14. I do hereb	y certify that the information supply indicated on this aurural report of	ied with the filling does not qualify	y for the exemption state	d in Section 119.07(3)(i), Florida Statute	3. I further certify that the
I am an off appears in	icer or director of the corporation. Block 12 or Block 13 I changed.	or the receiver or trustee empow or or an attachment with an add	ered to execute this repo tress	at my signature shall have the same lega ort as required by Chapter 607, Florida S	tatutes; and that my name

SIGNATURE:

FILED

Jan 24 1997 8:00am

Secretary of State