

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAR 21 PM 3:41****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # S48124****(9)****1. Corporation Name****TROPICAL WIRING, INC.****Principal Place of Business****864 106TH AVE. NO.
NAPLES FL 33963****Mailing Address****864 106TH AVE. NO.
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified**04/25/1991****3a. Date of Last Report****11/07/1994****4. FEI Number****65-0250947****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Election Campaign Financing
Trust Fund Contribution**☐**\$5.00 May Be
Added to Fees****8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**☐ 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****10. Name and Address of New Registered Agent****SIMON, LUCIA A.
864 106TH AVE., N.
NAPLES FL 33963****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 re-registering)

DATE**12. OFFICERS AND DIRECTORS****13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.****TITLE** DPT
NAME SIMON, JEFFREY E.
STREET ADDRESS 864 106TH AVE. NO.
CITY-ST-ZIP NAPLES FL 33963**1.1 TITLE** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**TITLE** DVS
NAME SIMON, LUCIA A.
STREET ADDRESS 864 106TH AVE. NO.
CITY-ST-ZIP NAPLES FL 33963**2.1 TITLE** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**3.1 TITLE** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**4.1 TITLE** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**5.1 TITLE** ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**6.1 TITLE** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Lifetime Filing #