

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S52292** (7)

1. Corporation Name
TROPIC TRANSIT, INC.

95 MAY 30 AM 9:11

Principal Place of Business 954 W. BREVARD ST. TALLAHASSEE FL 32303	Mailing Address 954 W. BREVARD ST. TALLAHASSEE FL 32303
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1991	3a. Date of Last Report 04/28/1994
21		26		4. FEI Number 59-3065920	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This Corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCBRIDE, WM. B. 609 PIEDMONT DRIVE TALLAHASSEE FL 32312				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

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 607.0509, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent signature required when remaining. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, CAROL M	1.2 NAME	
STREET ADDRESS	RT 16 BOX 1245	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, W BLAN	2.2 NAME	
STREET ADDRESS	609 PIEDMONT DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, ELEANOR	3.2 NAME	
STREET ADDRESS	609 PIEDMONT DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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: *Carol M. Corbett* 5/17/95 904-222-3375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)

CAROL M. CORBETT