

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

FILED
Feb 19 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # S52292 (7)

1. Corporation Name
TROPIC TRANSIT, INC.

| | |
|--|---|
| Principal Place of Business 854 W. BREVARD ST. TALLAHASSEE FL 32303 | Mailing Address 854 W. BREVARD ST. TALLAHASSEE FL 32304-7708 |
|--|---|



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|--------------------------------|-------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 05/14/1991 | 3a. Date of Last Report 05/01/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-3065920 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**MCBRIDE, WM. B.
 609 PIEDMONT DRIVE
 TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name
CAROL M. CORBETT

82 Street Address (P.O. Box Number is Not Acceptable)
166 CORBETT LANE

83

84 City
CRAWFORDVILLE

85 Zip Code
FL 32327

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 *Carol M. Corbett* **Carol M. Corbett, President** **2/13/97**

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CORBETT, CAROL M | |
| STREET ADDRESS | RT 16 BOX 1245 | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | MCBRIDE, W BLAN | |
| STREET ADDRESS | 609 PIEDMONT DR | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | MCBRIDE, ELEANOR | |
| STREET ADDRESS | 609 PIEDMONT DR | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Corbett, Carol M. | |
| 1.3 STREET ADDRESS | 166 Corbett Lane | |
| 1.4 CITY - ST - ZIP | Crawfordville, Fl. 32327 | |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Kimberly C. Nabors | |
| 2.3 STREET ADDRESS | 1009 Hays Street | |
| 2.4 CITY - ST - ZIP | Tallahassee, Fl. 32301 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* **CAROL M. CORBETT** **2/13/97** **(904)2223375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)