

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

FILED
Feb 19 1997 8:00am
Secretary of State

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



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 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	8. 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				10. Name and Address of New Registered Agent			
MCBRIDE, WM. B. 609 PIEDMONT DRIVE TALLAHASSEE FL 32312				81 Name CAROL M. CORBETT			
				82 Street Address (P.O. Box Number is Not Acceptable) 166 CORBETT LANE			
				83			
				84 City CRAWFORDVILLE FL 85 Zip Code 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBETT, CAROL M			1.2 NAME	Corbett, Carol M.		
STREET ADDRESS	RT 16 BOX 1245			1.3 STREET ADDRESS	166 Corbett Lane		
CITY - ST - ZIP	TALLAHASSEE FL			1.4 CITY - ST - ZIP	Crawfordville, Fl. 32327		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCBRIDE, W BLAN			2.2 NAME	Kimberly C. Nabors		
STREET ADDRESS	609 PIEDMONT DR			2.3 STREET ADDRESS	1009 Hays Street		
CITY - ST - ZIP	TALLAHASSEE FL			2.4 CITY - ST - ZIP	Tallahassee, Fl. 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE			
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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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)