

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90280 001 ***300.00

DOCUMENT # S52292

1. Entity Name

TROPIC TRANSIT, INC.

Principal Place of Business

Mailing Address

554 W. BREVARD ST.
 TALLAHASSEE FL 32303

954 W. BREVARD ST.
 TALLAHASSEE FL 32304-7709

11301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3065920

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORBETT, CAROL M.
166 CORBETT LANE
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | P CORBETT, CAROL M <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORBETT, CAROL M | NAME | |
| STREET ADDRESS | 166 CORBETT LANE | STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | CITY-ST-ZIP | |
| TITLE | VP NABORS, KIMBERLY C. <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NABORS, KIMBERLY C. | NAME | |
| STREET ADDRESS | 1009 HAYA ST. | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | CITY-ST-ZIP | |
| TITLE | S CORBETT, WILLIAM H <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORBETT, WILLIAM H | NAME | |
| STREET ADDRESS | 166 CORBETT LANE | STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol M. Corbett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000
 Date

222-3325
 Daytime Phone #

CR2E034 (9/99)