## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

TROPIC AIR DISTRIBUTORS, INC.

(5)

## FILED Sep 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					r induiting the marke times did to be built idit did to be din to be did to				ası mlalı ülüli minis iddi
6949 W. NASA BOULEVARD MELBOURNE FL 32904-2247		6949 W. NASA BOULEVARD MELBOURNE FL 32904-2247				DO NOT WRITE	IN THIS SP	ACE	
						3.	Date Incorporated or Qualified 06/21/1991	3a. Date	of Last Report 28/1996
2. Principal Pla	ace of Business	2a. Mailing Add	2a. Mailing Address			4.	FEI Number		Applied For
21		26	26			NOT APPLICABLE Not Applicable			
Suite, Apt. 4	#, etc.	Suite, Apt.	Suite, Apt. #, etc. 27			5.	Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	29 30			8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30.  Yes No				
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
HEALY, PATRICK F. 700 S. BABCOCK ST.				81					
SUITE 400 MELBOURNE FL 32902-2523				83					
and the state of t				84	City			FL	85 Zip Code
11. Pursuant to	o the provisions of Sections 607	.0502 and 607.1508, Flo	rida Statutes, the a	bove	named corp	oratio	n submits this statement for the p	urpose of c	hanging 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agont and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE HEALY, JUDY B. 1.2 NAME NAME 2215 PINEMEADOW AVE. STREET ADDRESS 1.3 STREET ADDRESS WEST MELBOURNE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition | TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition 5.1 TOTLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 eath; 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.

CICINIA TIBLEMENTA DE COLLEGE DE CACA

(407)