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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97645** (3)
1. Corporation Name
TROPIC LEASING, INC.



Principal Place of Business
**715 SWANN AVENUE
TAMPA FL 33606**

Mailing Address
**715 SWANN AVENUE
TAMPA FL 33606-2729**

3. Date Incorporated or Qualified
12/02/1991

3a. Date of Last Report
04/18/1996

| | | |
|---|--|---|
| 2. Principal Place of Business 21 10451 Gulf Blvd. Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 67008 Suite, Apt. #, etc. | 4. FEI Number 59-3107779 Applied For Not Applicable |
| 22 City & State Treasure Island, FL | 27 City & State Treasure Island, FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Zip 33706 | 28 Zip 33736-7008 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 Country Pinellas | 29 Country Pinellas | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**GREGORY, WILLIAM P.
715 SWANN AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--------------------------------|---|---|
| TITLE D | GREGORY, WILLIAM P. | 1.1 TITLE D | D, P.S.T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME GREGORY, WILLIAM P. | 715 SWANN AVENUE | 1.2 NAME SMITH, SHANE D. | SMITH, SHANE D. |
| STREET ADDRESS 715 SWANN AVENUE | TAMPA FL | 1.3 STREET ADDRESS 10451 GULF BLVD. | 10451 GULF BLVD. |
| CITY-ST-ZIP TAMPA FL | TAMPA FL | 1.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706 | TREASURE ISLAND, FL 33706 |
| TITLE PST | GREGORY, WILLIAM P. | 2.1 TITLE D | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME GREGORY, WILLIAM P. | 715 SWANN AVE | 2.2 NAME LANDRUM, CHARLES T. | LANDRUM, CHARLES T. |
| STREET ADDRESS 715 SWANN AVE | TAMPA FL | 2.3 STREET ADDRESS 10451 GULF BLVD. | 10451 GULF BLVD. |
| CITY-ST-ZIP TAMPA FL | TAMPA FL | 2.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706 | TREASURE ISLAND, FL 33706 |
| TITLE <input type="checkbox"/> DELETE | | 3.1 TITLE D | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME <input type="checkbox"/> DELETE | | 3.2 NAME SMITH, DAVID H. | SMITH, DAVID H. |
| STREET ADDRESS <input type="checkbox"/> DELETE | | 3.3 STREET ADDRESS 10451 GULF BLVD. | 10451 GULF BLVD. |
| CITY-ST-ZIP <input type="checkbox"/> DELETE | | 3.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706 | TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE AS | AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME <input type="checkbox"/> DELETE | | 4.2 NAME GREGORY, WILLIAM P. | GREGORY, WILLIAM P. |
| STREET ADDRESS <input type="checkbox"/> DELETE | | 4.3 STREET ADDRESS 715 SWANN AVENUE | 715 SWANN AVENUE |
| CITY-ST-ZIP <input type="checkbox"/> DELETE | | 4.4 CITY-ST-ZIP TAMPA, FL 33606 | TAMPA, FL 33606 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME <input type="checkbox"/> DELETE | | 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS <input type="checkbox"/> DELETE | | 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP <input type="checkbox"/> DELETE | | 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME <input type="checkbox"/> DELETE | | 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS <input type="checkbox"/> DELETE | | 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP <input type="checkbox"/> DELETE | | 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: **William P. Gregory** (813) 251-8631 1-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)